**Group booking confirmation form: The Woollen Mills**

**Mail:** [**info@thewoollenmills.com**](mailto:info@thewoollenmills.com) **Phone 01 8280835**

**Address**

**42 Lower Ormond Quay**

**Dublin 1**

**Reservation Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | |  | |  | |
| **Day and date of reservation:** | |  | | | | **Time:** | | **until** | |
| **Private Room Requested:** | |  | | | | | | | |
| **Reservation name:** | |  | | | | | | | |
| **Number in party:** | |  | | | | | | | |
| **Booked by:** | |  | | | | | | | |
| **2 Contact Phone numbers:** | |  | | | | | | | |
| **Menu Choice:** | |  | | | | | | | |
| **Wine Choice:** | | **White:** | | **Red:** | | | | | |

**Booking held by credit/laser card**

|  |  |
| --- | --- |
| **Card Type**  **Note: AMEX not accepted** |  |
| **Name on Card:** |  |
| **Contact Number:** |  |
| **Card Number:** |  |
| **Expiry Date:** |  |
| **CVV:** |  |

***12.5% service charge, paid directly to the staff, will be added to tables of five or more***

Signed:

NB Please note that in the event of a drop-in numbers with less than 48 hours’ notice, the full price of the menu will be charged per person absent.

Please sign form and return;

by scanned copy to

[info@thewoollenmills.com](mailto:info@thewoollenmills.com) OR

by post to

42 Lower Ormond Quay

Dublin 1 OR

By hand to the above address