



Dear Mr/ Mrs _____

Thank you for choosing our Restaurant. To secure your reservation, we ask you to provide us with the following information:

Name of Cardholder

Credit Card Type

Credit Card Number

Expiration date

Authorized Signature

Email or Fax Number

Please note: by signing this form, you authorize us to charge your card US \$20 per person, should you not honor your reservation. Cancellation policy: 8 hours in advance
We will hold your reservation for 30 minutes.

Date: _____

Time: _____

How many persons in your party: _____

Hotel: _____

Room Number: _____

Arrival Date: _____

Passions on the Beach Restaurant

Telephone: (297) 527-1129

Fax: (297) 527-1112

Email: passions@thebeach.aw

Please make sure that you bring this form to the restaurant to avoid any inconvenience regarding your reservation!