

PARKER AT STONEGATE **DINING RESERVATION FORM**

2 Guests – No reservation is required
3 or more guests – 24 hour notice is required & requires approval from Dining Services

Date of Requested Reservation: _____

Name of Resident: _____

Suite: _____ Number of Guests Requested: _____

Check One: Formal Dining Room Bistro Private Dining Room
(Maximum 10 guests. Upon Availability, if approved by Executive Chef)

Check One: Breakfast Lunch Dinner *(If dinner is checked, please choose seating time below.)*

Dinner Seating: 5:00pm 6:00pm

Guest Meal Charges:

The Centennial Dining Room: Breakfast, \$10 per guest meal;
Lunch, \$15 per guest meal;
Dinner, \$20 per guest meal

The Bistro: Continental Breakfast, \$5 per guest meal;
Lunch and Dinner \$10 per guest meal

Holiday Meal / Special Event: \$25 per guest meal

FOR DINING SERVICES ADMINISTRATIVE USE ONLY:

Received By _____ Date _____

Denied By _____ Date _____ Notified Resident on (Date / Initial) _____ / _____

Approved By _____ Date _____ Notified Resident on (Date / Initial) _____ / _____

<i>To Be Completed by Dining Captain or his/her designee:</i>	Meal	Actual # Guests
	Breakfast	
	Lunch	
	Dinner	