

ORDER FORM

Name of Party/Person: _____

Address: _____

Phone: _____

Type of Event:

- a. Birthday _____
- b. Engagement _____
- c. Wedding _____
- d. Reception _____
- e. Exhibition _____

Date of Event: _____

Time: _____

Choice of Hotels

- a. Hotels Mountview _____
- b. Hotels Shivalikview _____
- c. Hotels Parkview _____

Choice of Venue: _____

Guaranteed no. of Guests: _____

Expected No. of Guests: _____

Choice of Menu

- I. Vegetarian _____
- II. Non-Vegetarian _____

Guests may mail to the hotel of his/her choice/call for further necessary assistance.

*** Guest may reserve/book the table in the restaurant of his/her choice may be done by calling or through E-mail at the given number/address.**