Reservation and Credit Card Authorization Form

Please complete the form below, attach copy of front and back of signed credit card and fax to 212.706.1981 or scan and e-mail to info@taliassteakhouse.com

Guest agrees that all reservations for the Passover Seders and lunches are prepaid charges and are absolutely Non-Refundable. Guest understands that all reservations shall be confirmed only upon our receipt of the full pre-payment and signed credit card authorization.

Credit Card holder agrees to pay Talia's Steakhouse for the charges specified below.

When: First Seder: Friday, April 22, 2016:

First seating at 5:00 PM or earlier; Second Sitting at 8:00 PM (flexible)

Second Seder: Saturday, April 23, 2016:

First Sitting at 5:00 PM or earlier; Second Sitting at 8:00 PM (flexible)

Shabbat Yom Tov Lunch: Saturday, April 23, 2016, 12PM to 3PM (flexible)

Yom Tov Lunch: Sunday, April 24, 2016, 12PM to 3PM (flexible)

The cost of each Seder per person is as follows: $130 + tax ($141.54) per adult and $95 + tax ($103.43) per child (10- years-old and under).

The cost of the Shabbat Yom Tov prepaid lunch is $52pp + tax ($56.62). Child total = $50.96

The cost of Yom Tom prepaid lunch (Sunday) is $45pp, $59pp or $72pp + tax
Adult totals: $48.99, $64.23, $78.39 | Children totals: $44.10, $57.81, $70.55

Since several meals fall out on Shabbat when we cannot cook, please indicate how many of each entrée you will be choosing.

First Seder: Friday, April 22, 2016

Choose Seating Time: 5:00PM ____ | 8:00 PM ____

Number of Adults: _____ $_____

Number of Children: _____ $_____

Entrée choices: ____ Brisket, ____ Chicken, ____ Grilled salmon, ____ Moroccan salmon

TOTAL: $ _____

Second Seder: Saturday, April 23, 2016

Choose Seating Time: 5:00PM ____ | 8:00 PM ____

Number of Adults: _____ $_____

Number of Children: _____ _ $_____

Entrée choices: ____ Brisket, ____ Chicken, ____ Grilled salmon, ____ Moroccan salmon

TOTAL: $_____

Shabbat Yom Tov Lunch: Saturday, April 23, 2016 - from 12:00 PM to 3:00 PM (flexible)
Sitting: Please indicate desired time: _____

Number of Adults: _____

Number of Children: _____ TOTAL: $_____

Entrée choices: ____ Beef stew, ____ Chicken, ____ Grilled salmon, ____ Moroccan salmon

Yom Tov Lunch: Sunday, April 24, 2016 - from 12:00 PM to 3:00 PM (flexible)
Sitting: Please indicate desired time: _____

Number of Adults: _____ @ $_____ (menu choice)

Number of Children: _____ @ $_____ (menu choice) TOTAL: $_____

Reservation is under the Name of: _____

Cardholder(s) Name(s): _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Address: _____

City, State, Zip: _____

Cardholder hereby authorizes Talia's Steakhouse & Bar to charge the following credit card:

Visa MasterCard American Express Discover Diners (please circle one)

Credit Card #: _____ Exp. Date: _____ CCV: _____

For the above number of adults and/or children for a total charge of: $_____

Signature: _____ Date: _____