



# Table Booking

Name \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

No of people \_\_\_\_\_ Time \_\_\_\_\_

Special Requirements (high-chair, movie times etc)

## Fax to 09-8310267

*To be completed on receipt by Duty Manager*

*Confirmed By.....On...../...../ 2007 @.....am / .....pm  
By Phone / Fax (circle one)*

Origins Restaurant Unit 1 Westgate Shopping Complex Massey Ph:09 8310266 Fax: 09 8310267