



Credit Card Release Form

For

Holiday Reservation

Credit Card Number _____

Expiration Date _____

Type of Card *MasterCard* *Visa* *Diners* *American Express* *Other*
(Please Circle One)

Card Holder Name _____

Account Billing Address _____

Telephone Number _____

Email _____

Please Check One:

Thanksgiving *Christmas Eve* *Christmas Day* *New Year's Eve* *New Year's Day*

Number of Guests: _____ *Time of Reservation:* _____

Name of Guest/Reservation

Signature of Cardholder

Please Fax to:
Attn: The Park Room (212) 521-6291

Cancellation Policy – Full Refund if Reservation Cancelled 5 days before the Event