

Confirmation Form

Dear Sir/ Madam,

Please complete this form and return to us by email at ga@aurora.bm within 24 hours.

Since availability is limited, the table **will be released** if we do not receive your completed confirmation form within 24 hours of making your reservation. Upon receipt of this completed form we will contact you to confirm your reservation.

I would like to reserve a Number of Guests:	а таріе тог:			
Under the Name of:				
Date of Reservation:				
Time of Reservation:				
	100.00 for 4 – 8 guests	\$200.00 for 8 guests a	he reservation in the amount nd above.	of:
our party fails to arrive above reservation time	for the above reservat . Failure to cancel or sh ut valid cancellation cou	ion and/ or fails to canconow up under these term	following information to be used the above reservation withins will result in the above stated and are the toy Aurora Restaurant, at the t	in 24 hours of the ted charge. I
To Complete (optional): Credit Card # Expiration Date (mm/y	v):			
Credit Card Type:	Visa 🗍	мс П	Amex 🗍	
Contact Number:				
Billing Address:				
Signature of Authorized	l Card Holder:			
Please Select One:	Set Menu	A la Carte Menu		