

PAUMANOK VINEYARDS GROUP RESERVATION FORM

Thank you for your interest in making a group reservation for your visit to Paumanok Vineyards. Please complete this form and return it to us by fax at (631) 722-5110 or by email at reservations@paumanok.com. Call us with questions at (631) 722-8800.

1. Reservations are required for groups of 7 or more people and any group arriving by limo or any hired vehicle. Group reservations are available between the hours of 10 AM to 1 PM. A group reservation form must be completed, signed, and faxed or emailed to Paumanok and paid in full in order to confirm your reservation. Reservations are taken on a first-come, first-served basis. Minimum charge is \$20 per person for groups up to 20 people, and \$30 per person for groups of 21 or more.
2. Group reservations canceled up to one week prior to the scheduled date will receive a full refund, credited to your credit card. Group reservations canceled less than one week prior to the scheduled date are non-refundable.
3. For group wine tastings you will be asked upon arrival to select one of our tasting flights. The entire group will be served the same flight. If you prefer to select your flight in advance of your visit you may do so by specifying the selected flight below. Go to paumanok.com/tastingnotes.pdf to view our tasting notes. In lieu of selecting from one of our tasting flights, you may order by the glass or by the bottle bottle. Contact us at reservations@paumanok.com for assistance in making your selection.
4. Paumanok offers cheese plates, snacks and a small menu for food to be consumed on the premises. Paumanok does not allow any other food or beverages to be brought on to the property. The Group minimum charge may be used toward food purchases. If you plan on ordering food from our menu, please order in advance to ensure that we have the selected items available for your group. Go to paumanok.com/menu.pdf to view our menu (scroll down as there may be multiple pages).
5. Proper ID (valid driver's license or passport) is required to verify proof of age for anyone tasting or consuming wine.
6. We reserve the right to refuse service to anyone at any time. Any vehicle that arrives at Paumanok Vineyards in which guests are intoxicated and/or consuming alcoholic beverages upon arrival will be turned away. Paumanok and New York State Law do not allow outside alcohol, wine, or beer brought onto our property. Eating and drinking in the parking lot is not permitted. No smoking is permitted anywhere on the property, both indoors and outdoors, including the parking lot. While we hope you enjoy our wines in moderation, for the safety of all of our guests, we offer the following reminder: It is dangerous to drive a vehicle or operate machinery after drinking alcohol. If you do so you assume full risk of injury and death to yourself and others.
7. Paumanok Vineyards requires a contact person from each group to complete the information below. This person is responsible for the group and is required to explain the policies above and as stated on our web site to their group before arriving at Paumanok. The web page with our policies is found at paumanok.com/visit_us.html
8. All confirmed reservations will receive a confirmation email from Paumanok Vineyards. If your requested date and time are unavailable we will contact you to reschedule. Please fill in all applicable fields below.

Date of Reservation:

Time of Arrival:

Contact Person Name:

Number of People in Group:

Phone Number:

Email Address:

Address:

Name of Limo/Bus Company:

Phone Limo/Bus Company:

Indoor / Outdoor Seating Preference (not guaranteed):

Pre-select your tasting flight (optional):

Please select from the options below to complete your group reservation.

Group minimum charge.

\$20 or \$30 x # of people in group =

Guided Tour, \$75 minimum charge.

\$5 x # of people in group =

Proprietor Tour, \$150 minimum charge.

\$20 x # of people in group =

VIP Tour, \$250 minimum charge.

\$50 x # of people in group =

Suffolk County sales tax of 8.625% is included in the prices above.

Total:

Name on card:

Credit Card Number:

Billing Street Address:

Expiration Date:

Billing Zip Code:

CCV #:

I understand and agree to the above policies and authorize the total indicated above to be charged to my credit card.

SIGNATURE: _____

DATE: _____