

ADELAIDE HALL

CATERING SERVICE CONTRACT

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____

Event occasion (reception, wedding, reunion, prom, rehearsal dinner, company party, etc.)

Event Date _____ Event Start Time _____ Event End Time _____

I acknowledge and accept the following obligations:

- Minimum purchase of \$500 in food before taxes and service fee.
- I understand that payment is expected the day of your event via cash or credit.
- Cancellation for any reason will result in a charge of \$500 to the credit card on file.
- I will guarantee the number of guests 3 weeks (21 days) prior to the event and will confirm my menu selections at least 3 weeks (21 days) prior to the event.
- I have received my copy of the emergency exits routes.
- Required room rental fee for all events is \$400 Friday and Saturday and \$300 Sunday through Thursday and there is a 20% service fee for all events.
- Fees and menu prices are subject to change.
- I acknowledge that I have read and understand all terms and conditions of the policies.

Signature _____ Date _____

Credit Card Information _____ Visa _____ Mastercard _____ Am Express _____ Other _____

Card Number _____ Exp. _____