

Private Room Rental Form SEATING CAPACITY 20PPL

Name	Phone Number		
Date of Event	Time of Event(3 Hour Time Limit)		
Email Address			
PAYMENT BY CREDIT CARD:			
DISCOVER' NOVUS'	Master Card BORNESS		
Card Number	Expiration Date		
Card Security Code(3-digit code on ba	ck of VISA/MC or 4-digit code on front of AMEX)		
Name as it appears on the card:			
Exact Billing Address for the card:			
Cost Summary: Based off \$30.00 Per Person(20 Guest)			
\$600.00 (Food & Beverage Minimum Spen \$200.00 (Room Rental Fee) \$132.00 (22% Gratuity) \$81.60 (Taxes 8%)	nd)		
\$1013.60 50% DUE UPON SIGNING OF CONTRACT Remaining balance due day of Reservation. Cancellation Policy: A 14 day notice is required on all cancellations. Failure to cancel within the 14 day period will result in a non-refundable fee \$506.80.			
			Additional \$30.00 per person to the below signed. (Tax & Gratuity not incl) cept for Celebratory Cakes (Cake Cutting Fee: \$35.00)
		Signature:	Date:

