

FOR OFFICE USE ONLY

Commissionable Receipts \$	<input type="text"/>	Rate 7%	Commission \$	<input type="text"/>
Gift Card on Deposit	<input type="text"/>		FHC	<input type="text"/>

# PRIVATE EVENT BOOKING FORM

Date of Event  TIME  #ofGuests

Circle one Lower Private UpperPrivate Upper Glass Mezz ENTIRE Upstairs

Contact Name

Company Name

Phone

Email

Third Party Vendor

Phone

Email

Pharmaceutical Rep Name:

Price per Person (food only)

Room Charge

Supplemental Package Information

AV Requirement Details

Instructions/Notes

FINAL PROPOSED COUNT

DEPOSIT DATE

GIFT CARD #

DEPOSIT AMOUNT (gift card sold)

Customers CC # (last four only)

FINAL COUNT AT EVENT

FINAL BALANCE DUE