

Event Contract

Event Name _____ Event Date _____ Time _____

Contact Information

Primary Contact(s) _____

Phone _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Event Information

Expected Plate Count _____ Guaranteed Count (7days) _____ Price per Plate _____

Open Bar # of Hours _____ Max Tab \$ _____ Cash Bar from _____ To _____

Additional Comments _____

Food and Beverage Service

Meal Includes _____

Additional Set up Details _____

Beverage Service Instructions _____

Signature

Signed _____ Date _____