



Contact Information

Organization/Group: _____

Signature of contact person: _____

Contact Phone: _____ Email: _____

Address: _____

Number of Guests: _____

Payment Method:

- Credit Card
- If Credit Card used:
 - Visa
 - Master Card
 - American Express
 - Discover

Card Number: _____ Exp. Date: _____ (MM/YY)

Name: _____ Signature: _____

OR

- Check
- Account name _____

This signed contract will constitute your official reservation on ___/___/___ at ___ am/pm

Note: No charges are place on this card at the time of booking. This credit card on file will reserve your booking, and be charged in full on the day of your event (less the deposit amount of \$200). If you would like an alternate card to be used for billing, please contact your event representative prior to the event.

Cancellation Policy: Event cancelled less than 72 hours from the confirmed event date will be charged 50% charge of the entire bill. Event cancelled 7 days or more (excluding December bookings) will be refunded the \$200 deposit.