



CULINARY CONCEPTS

Creating Incredible Memories ... One Bite At A Time!

Chops City Grill • Blue Water Bistro • Pazzo! Cucina Italiana • Yabba Island Grill

SPECIAL EVENT / GROUP DINNER AGREEMENT

THANK YOU FOR SELECTING CULINARY CONCEPTS RESTAURANT GROUP TO HOST YOUR EVENT

RESERVATION INFORMATION

LOCATION OF EVENT _____ # ATTENDING _____

DAY / DATE / TIME OF PARTY _____, _____, _____ PM

ON SITE CONTACT PERSON _____ PHONE _____

COMPANY _____ PHONE _____

GROUP MENU SELECTION (CIRCLE ONE) \$85. PER PERSON \$100. PER PERSON

ESTIMATED FOOD TOTAL \$ _____ (ALL BEVERAGES ARE BILLED ON CONSUMPTION)

TERMS OF AGREEMENT

This contract is an ESTIMATE ONLY of the charges based on the number of guests the above Client has designated. The final bill may change based on beverage consumption and additions requested by Client.

Culinary Concepts, Inc. will guarantee your reservation only upon the receipt of this Signed contract and credit card guarantee.

Final Party Price is subject to change by Culinary Concepts, Inc. based on number of guests confirmed via fax (239-430-2227) or via e-mail to culinaryparties@aol.com 72 hours prior to event. This will be considered the guaranteed number attending and will not be subject to reduction.

Cancellations occurring after the 72 hour deadline will result in being charged in full for the event, including the above estimate, 6% Florida Sales Tax and a 22% service charge. All Cancellations MUST be made in writing via fax (239-430-2227) or via e-mail to culinaryparties@aol.com

Culinary Concepts, Inc. cannot guarantee that you will be able to add additional diners to your reservation after the 72 hour deadline.

Estimated charges DO NOT include 22% Service Charge or applicable state and local taxes.

All beverages are billed on a consumption basis.

Balance is due and payable at the conclusion of event.

This is an "ESTIMATED" Contract ONLY

THE UNDERSIGNED AGREES TO THE TERMS AND CONDITIONS OF THIS AGREEMENT

SIGNATURE OF CLIENT: _____ DATE: _____

REPRESENTATIVE OF CULINARY CONCEPTS: _____ DATE: _____

CREDIT CARD TYPE: (CIRCLE ONE) AMEX VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER: _____ EXP _____

NAME THAT APPEARS ON THE FACE OF THE CARD: _____

SIGNATURE OF CLIENT: _____

PRINT NAME: _____