Thursday	Date:12-	-19-24 Time: 10am-12pm
THE LO	BBY	INTERNAL USE: Payment Date:
Event/Fundr	aiser Agreement	Entered:
Company/Organizatio	n Name: (if applicable)	
		me: (if different than member) Lawniczuk Contact Email:
Event Informat		
		2-19-24 Event Time: 10am-12pm
Room Reserved: (check		□ Main Dining Room □ Bar A/V Required: □ Yes □ No
F&B Required: ☐ Ye	s □ No Menu/Price per I Breakfast Classic	Person \$25
Special Requests:	DIEGRIASI CIASSIC	
Additional Details:		
PRICING: Room/Setup Fee:	\$ <u>250.00</u>	Deposit: \$ Date:
Food + Beverage Fee: Subtotal:	\$ <u>875.00</u> \$1125.00	Deposit: \$ Date:
Tax:	\$ 57.97	
Gratuity:	\$ 175.00	
Total:	\$_1357.97	
TERMS & CONDITIONS: Booking & Guest Count: • Events must be booked a minimum 10 days in advance, including menu and planned attendance.		The 50% cancellation penalty may be applied to a future event
 Final guaranteed guest count required 7 days in advance. Payments: Deposit of \$500 is due at time of booking. Final/balance payment is due 7 days prior to event. Additional guests will be charged the day/night of event. 		 If canceled within 72 hours — no refund. All food and beverage must remain on premise. No take outs allowed.
Approval:		Tot duties, toda will be representated to a manifestation of 2 notation
Client Signature:		Date:
TLC/Apex Signature:		Date:

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