

Day: Tuesday

Date: 12-3-24

Time: 5-7pm

THE LOBBY

CLUB

INTERNAL USE:

Payment Date: _____

CK: _____ CC: _____

Entered: _____

Event/Fundraiser Agreement

Member First Name: _____ Last Name: _____ Member #: _____

Company/Organization Name: *(if applicable)* Capital Health Cancer Center

Contact First Name: Tim Last Name: *(if different than member)* Jones

Contact Phone: _____ Mobile: _____ Contact Email: _____

EVENT INFORMATION:

Event Name: Cancer Center Holiday Party

Event Day: Tuesday Event Date: 12-3-24 Event Time: 5-7pm

Anticipated Number of Attendees: 80

Room Reserved: *(check all that apply)* Byrne Room Main Dining Room Bar A/V Required: Yes No

Room Setup: Buffet in Byrne Room

Additional Details: Main Dining Room High Top Tables

FOOD & BEVERAGE:

F&B Required: Yes No Menu/Price per Person 25/pp

Crab Avocado Crostini / Hummus+Pita / Flatbreads(meat +veggie option) / Beef Sliders

Special Requests: Cheese Charcuterie out on bar

Additional Details: 2 drink tickets per guest added to final bill

PRICING:

Room/Setup Fee: \$ 250.00 Deposit: \$ _____ Date: _____

Food + Beverage Fee: \$ 2000.00 Balance Due: \$ _____ Date: _____

Subtotal: \$ 2250.00

Tax: \$ exempt

Gratuity: \$ 400.00

Total: \$ 2650.00 + Bar tickets added to final bill

TERMS & CONDITIONS:

Booking & Guest Count:

- Events must be booked a minimum 10 days in advance, including menu and planned attendance.
- 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.

Cancellation Policy:

- If canceled more than 72 hours prior to event — 50% refund. The 50% cancellation penalty may be applied to a future event if rebooked within 48 hours of cancellation.
- If canceled within 72 hours — no refund.

All food and beverage must remain on premise. No take outs allowed.

For buffets, food will be replenished for a maximum of 2 hours.

APPROVAL:

Client Signature: _____ Date: _____

TLC/Apex Signature: _____ Date: _____