

Day: Tuesday

Date: 1-21-25

Time: 5-8pm

THE LOBBY CLUB

INTERNAL USE:

Payment Date: _____

CK: _____ CC: _____

Entered: _____

Event/Fundraiser Agreement

Member First Name: Tim Last Name: Jones Member #: _____

Company/Organization Name: (if applicable) Capital Health

Contact First Name: Tara Last Name: (if different than member) Burns

Contact Phone: _____ Mobile: _____ Contact Email: Tjones1@capital health

EVENT INFORMATION:

Event Name: Capital Health

Event Day: Tuesday Event Date: 1-21-25 Event Time: 5-8pm

Anticipated Number of Attendees: 45

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

Room Setup: Buffet Side Byrne Room High top tables set up in Byrne Room

Additional Details: Projector Screen Set up in back of main dining room

Parking validation added to final bill

FOOD & BEVERAGE:

F&B Required: Yes No Menu/Price per Person \$50/pp

Cheese Charcuterie Assorted Flatbreads Hummus/Veg/ranch Lobby Chop / Garden Salad

Special Requests: Pasta Vodka Sauce Roasted Chicken Thighs Baked Salmon w/ Vegetables

Additional Details: Consumption Bar Bill added to Final Check Dessert Tray

PRICING:

Room/Setup Fee: \$ N/A

Deposit: \$ _____ Date: _____

Food + Beverage Fee: \$ 2250.00

Balance Due: \$ _____ Date: _____

Subtotal: \$ _____

Tax: \$ N/A

Gratuity: \$ 450.00

Total: \$ 2700.00

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: _____