ay:	Date: 2-7-29	Time: _7pm-10pm
THE LO		INTERNAL USE: Payment Date: CK: CC: Entered:
		e:Member #:
Contact First Name:	Diane Last Name:	:: (if different than member) Bellamy Contact Email: Dianebellamy@ymail.com
Event Informat		Contact Email:
		Event Time:
Room Reserved: <i>(check</i> Room Setup: Bu	of Attendees: 50 (25 couples) e all that apply) Byrne Room I uffet in side Byrne Room DJ main dining room	Main Dining Room ☐ Bar A/V Required: ☐ Yes ☐ No Sparkling N/A toast Validate Parking No charge
Bruschetta/Flatbrea	es D No Menu/Price per Pers ads out on arrival	Caesai/ Galueii Salau
Special Requests:	Pasta: (Vodka Sauce) (Spinach Roasted Chicken Thighs Sal	Soda/Coffee station included Ilmon w/ Vegetables Dessert Tray
PRICING: Room/Setup Fee: Food + Beverage Fee: Subtotal: Tax: Gratuity: Total:	\$ waived D	Deposit: \$ 250.00 Date:
 including menu and Final guaranteed guarantee Payments: Deposit of \$500 is do Final/balance paymentee 		 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.

Client Signature: _____ Date: _____ TLC/Apex Signature: ______ Date: _____