

CATERING CONTRACT
E.E. STREETS MEMORIAL VFW POST 5118
355 GLEBE ROAD, EASTON, MD 21601

Today's Date: _____

Name of Catering Contact: _____ Phone No: _____

Guest Renter Name: _____ Phone No: _____

Address: _____

E.E. Streets Memorial VFW Post 5118 will provide the Dining Room and the Bartender at the cost of \$_____ for a total of four (4) hours paid at the time of reservation by guest renter.

The guest renter is requested to give a total head count of their guests at least ten (10) days prior to the event.

Included in the total bill will be a Custodial Fee of \$_____, a Dishwasher Fee of \$_____, and an 18% Gratuity \$_____.

Entertainment, decorations and flower arrangements will be the sole responsibility of the guest renter. All decorations must be removed by _____.

The guest renter is responsible for making punch and bar arrangements with the VFW Post Commander or the Commander's representative _____ - who can be reached at _____ . The guest renter is responsible for seeing cake is cut if applicable.

No food, except the following, may be brought in: cake, mints and nuts. Leftover food will be given to the guest renter upon request, with the understanding that taking food off the VFW premises relinquishes the VFW of any liability. *Leftover food requested?* YES _____ NO _____

No uncovered burning candles or confetti allowed.

Event Information

Date of Event: _____

Menu

Event: _____

Time of Event: _____

Service Style: _____

Number of People: _____

Price per Person: _____

Extras: _____

Entertainment: _____

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Instructions for Dining Room Set-up

I agree that the above arrangements have been made according to guest renters instructions and enter this contract as a legal document. The fee of \$ _____ is paid upon reservation. All other charges will be paid in full at the conclusion of the meal on the event date _____. The guest renter understands that he/she is responsible for all fees, charges and damages.

Signed:

Ladies Auxiliary Representative: _____

Guest Renter: _____

Guest Renter: _____

For Office Use Only:

Date reservation discussed: _____ Projected number of guests: _____

Date reservation made: _____

Food cost: \$ _____ + Fees \$ _____ + Bar \$ _____ = \$ _____

Fee paid by Cash _____, Check _____ (check # _____), Other _____

Comments: