



AGREEMENT FORM

Date of Function: _____

Type of Function: _____

Function Contact Person: _____

Telephone #: _____

Person responsible for payment: _____

Deposit of _____ received upon this date _____

Approximate Guest Count: _____ *

*Final Guest Count to be received 3 days prior to function date – Please note this will be the guest count used to process your function bill on the date of the event

Function Selections:

Lunch/Dinner Entrée: * Final Guest Count to be received 3 days prior to function date

Price per guest:

\$_____ plus 18% gratuity and 5% Meal Tax

Open or Cash Bar:

Additional Items Selected:

Special Room Setup:

Signatures:

Nicholas Restaurant: _____

Date: _____

Contact Person for Function: _____

Date: _____