



BUENA VISTA CAFÉ GROUP FUNCTION AGREEMENT

FUNCTION NAME _____ DAY/DATE _____

CONTACT PERSON _____ CONTACT PHONE _____

ATTENDANCE/GUARENTEE _____ SEMI PRIVATE _____ PRIVATE _____

ARRIVAL TIME _____ SERVING TIME _____

MENU: SEMI SIT DOWN BUFFET FAMILY STYLE FULL COURSE SIT DOWN LUNCHEON OR DINNER

LINENS \$1.00 EXTRA PER PERSON (INCLUDES TABLE CLOTHS & LINEN NAPKINS)

MENU SELECTIONS: _____

BAR: OPEN BAR CASH BAR SOFT DRINKS

SPECIAL ROOM SET UP: CAKE TABLE OTHER

TAX (6.5%) & GRATUITY (20%) NOT INCLUDED IN PRICE PER PERSON

PRICE QUOTED \$ _____ DEPOSIT REQUIRED \$ _____ ROOM CHARGE REQUIRED \$ _____
(SUBTRACTED OFF FINAL BILL) (NOT REFUNDABLE)

ALL ROOM CHARGES & DEPOSITS ARE NON REFUNDABLE OR NON TRANSFERABLE

BUENA VISTA CAFÉ RESERVES THE RIGHT TO CHANGE BANQUET ROOMS ACCORDING TO NUMBER OF GUESTS ATTENDING. (DEPOSIT SECURES THE DATE NOT THE ROOM)

PRICING IS SUBJECT TO CHANGE WITH OUT NOTICE DUE TO FLUCTUATING COST

AN ADDITIONAL CHARGE WILL BE ADDED IF ROOM IS LEFT DAMAGED OR IN DISREPAIR

BUENA VISTA CAFÉ IS NOT RESPONSIBLE FOR ARTICLES BROUGHT ONTO THE PREMISES WHICH ARE LOST OR DAMAGED PLEASE DO NOT LEAVE VALUABLES UNATTENDED AT ANYTIME

BV SIGNATURE _____

CUSTOMER SIGNATURE _____

I HAVE READ AND AGREE WITH ALL TERMS