

AMERIGO

AN ITALIAN RESTAURANT

Private Party Contract

Date of Event _____

Location: West End / Cool Springs Please circle location of your event

Thank you for booking your event with Amerigo Restaurant! We welcome the opportunity to serve your party and hope that you enjoy your time with us. In an effort to avoid any miscommunication, please review the information below and initial beside each component. Fax completed form to

(615) 320-0644

I am committing to _____ number of guests for my event. I agree to confirm my final number of guests within 48hrs of the event. I understand that my card will be charged for the full amount confirmed at the 48 hr. mark. _____

The minimum amount required to book this room is \$150, with a **per-person minimum of \$15**, before tax and gratuity. I agree that my card will be charged the room minimum in the event that I do not meet the required minimum to book the room. _____

I agree that my card will be charged the room minimum in the event my party does not show up, or if I cancel within 14 days of the event. _____

I acknowledge the room is reserved for exactly 2 Hours. I understand an arrangement must be made at this time if the room is to be used for a longer period of time, from _____ to _____. _____

Signature _____ Date _____

If someone else will be the contact for the day of the event, please provide name and contact cell.

Name _____ Contact Number _____

We want to insure you have a wonderful experience as well as the other guests we will be accommodating. To do so, we will staff in accordance with the size of your group to insure all needs are met.

We look forward to serving you.