

MONSTER ROOM - PRIVATE EVENT CONTRACT

THIS FORM MUST BE COMPLETED AND RETURNED IN ORDER TO RESERVE THE EVENT SPACE FOR THE DESIRED DATE AND TIME.

ALL PAYMENT INFORMATION WILL REMAIN CONFIDENTIAL.

EVENT NAME: _____

EVENT DATE & TIMEFRAME: _____

PRIMARY CONTACT (NAME, EMAIL, PHONE #): _____

ESTIMATED HEADCOUNT: _____ **MENU** (CATERING OR REGULAR MENU): _____

BEVERAGES (OPEN BAR, DRINK TICKETS, OR CASH BAR): _____
IF DRINK TICKETS, PLEASE SPECIFY QUANTITY PER GUEST

TERMS & CONDITIONS:

- CANCELLATIONS WITHIN 30 DAYS OF EVENT DATE WILL BE REFUNDED FULL RENTAL FEE LESS \$100 CANCELLATION FEE
- CATERING MENU SELECTIONS ARE DUE NO LATER THAN **TWO WEEKS PRIOR TO THE EVENT DATE** - IF NOT FINALIZED WITHIN THIS TIMEFRAME, OUR CHEF WILL SELECT DEFAULT CATERING MENU ITEMS.

EVENT DEPOSIT + RENTAL FEE // CREDIT AUTHORIZATION:

I authorize Harmony Hall to charge the amount listed below to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

An amount of **\$300(Sunday-Thursday Events)** is authorized for deposit to hold the above date from the time of signing.

An amount of **\$450(Friday-Saturday Events)** is authorized for deposit to hold the above date from the time of signing.

NAME ON CARD: _____

BILLING ADDRESS: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ **CVV:** _____

amount to be charged: \$

CARDHOLDER - PLEASE SIGN AND DATE

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

RETURN THE COMPLETED AND SIGNED FORM

TO: kristine@harmonybeer.com