

# MONSTER ROOM-PRIVATE EVENT CONTRACT

**THIS FORM MUST BE COMPLETED AND RETURNED IN ORDER TO RESERVE THE EVENT SPACE.**

ALL PAYMENT INFORMATION WILL REMAIN CONFIDENTIAL.

**EVENT**

**NAME:** \_\_\_\_\_

**EVENT DATE AND**

**TIMEFRAME:** \_\_\_\_\_

**PRIMARY CONTACT:** (NAME, EMAIL, PHONE#) \_\_\_\_\_

**ESTIMATED HEAD COUNT:** \_\_\_\_\_

**BEVERAGES:** OPEN BAR, DRINK TICKETS, CASH BAR:

**MENU SELECTIONS:**

**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 TIME FRAME CHEF WILL SELECT DEFAULT CATERING MENU ITEMS.

\*AUTOMATIC 20% GRATUITY WILL BE ADDED ONTO TAB THE DAY OF EVENT

**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  **\$250 ( Sunday-Thursday Events)** is authorized for deposit to hold the above date from the time of signing.

An Amount of  **\$400 (Friday/Saturday Events)** is authorized for deposit to hold the adobe date from the time of signing.

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**NAME ON CARD:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **CVV #:** \_\_\_\_\_

**AMOUNT TO BE CHARGED:** \_\_\_\_\_

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**CARDHOLDER PLEASE SIGN AND DATE:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT  
NAME:** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED AND SIGNED FORM TO: [INFO@HARMONYBEER.COM](mailto:INFO@HARMONYBEER.COM)**