



Meetings/ No service Banquets

Time in: _____ Time Out: _____

Date of event: _____

Name: _____ Phone: _____ Email: _____

Meeting / conference \$100
(No service)

2 hours or less \$40
(Self Set Up)

Please read & initial you have understood & agree to the following terms & conditions

- 18% Auto-Gratuity will be applied to all food orders _____ (initial)
- Cancellations will be subject to a 20% fee of the cancelled value _____
(initial)

Signature: _____ Date _____

Pay day of the event Please Invoice

Room & charges paid by: _____

Drinks & food paid by: _____

Please call us if any changes need to made to your booking (250) 428-2225 ext. 0

Signature _____ Date _____

Credit Card info: # _____ CCV _____

Expiry : _____

All banquets must be paid for within 14 days, if not paid for by then we will charge this card

Office use only:

Date of inquiry & email sent and by: _____

Dead line for confirmation date: _____

Updated date & by: _____

Updated date & by: _____

Updated date & by: _____

Final confirmation & by: _____

SPECIAL REQUESTS:



LIQUOR SERVICE NEEDED

EXTRAS

■ **ENTERTAINMENT PACKAGE \$10**
(PROJECTOR, MICROPHONE, DISCO LIGHTS)

■ **COFFEE & TEA & WATER STATION \$10**

■ **FLIP CHART & MARKERS \$10**

TABLES

WHITE LINENS ■

BLACK LINENS ■

ROUNDS: ■ AMOUNT: CHAIRS PER:

RECTANGLES: ■ AMOUNT: CHAIRS PER:

