

Atrium Café Catering Contract

Atrium Café at Grover Center
Ohio University
W324 Grover Center
Athens, OH 45701

CLIENT: _____ EVENT DATE: _____

GUEST COUNT GUARANTEE

Date Required: _____ Guest Count _____
(**ten** days prior to the event)

This count will be used for purchasing, scheduling, and preparation. Thereafter, the number may be increased at the quoted rate per person, but not decreased. An increase in excess of **10%** will incur additional cost.

DEPOSIT AND PAYMENTS:

If the proposal meets your approval, please sign this agreement and return the original copy with your deposit to reserve the date and confirm the event. Deposit of **30%** of the expected total bill is required, including rental and other charges for meal service events.

A final invoice detailing all actual charges will be mailed to you shortly after the event. Payment is due upon receipt. Unpaid invoices will be charged at the rate of 1.5% (18% APR) per month after 30 days. (Ohio University clients may provide account number for internal transfer or your project account will be charged.) Department account number: _____

CANCELLATION:

If client cancels the event ten days before the event, the deposit will be refunded. If client cancels the event **5** days prior to the event, **50%** of the deposit will be refunded. Deposit **will not be refunded** if the event is cancelled **less than 5 days** prior to the event.

EQUIPMENT:

A count of silver, china, linen, glassware, and other equipment will be taken after the event and client will be charged for any missing items.

TAXES:

Sales tax will be charged on all food and beverage items. If you are tax exempt, your tax registration number and a certificate of exemption must be returned with this agreement.

THE ATTACHED PROPOSAL AND THESE TERMS AND CONDITIONS ARE ACCEPTABLE.

By Catering Client _____ Date _____

Deposit received _____ Bill Out _____ Paid Date: _____

Amount: _____

EVENT ORDER FORM Atrium Café CATERING

(For initial meeting & student reference)

CLIENT

Name: _____ Organization _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

MENU OPTIONS

Breakfast _____

Lunch _____

Dinner _____

Coffee Break _____

Budget: _____

Total price/person: _____ Total price: _____

Service Charge (15%): _____ Tax: _____

EVENT _____

Date of Event: _____ No. of guests: _____

Location: _____ Space Reserved _____ Alcohol Permit _____

Start time of event: _____ End time: _____

Occasion/ Purpose of Event: _____ Who is attending: _____

STAFF

Number: _____ Type of Service: _____

LINEN:

Tablecloths: _____ Napkins: _____

SERVICE ITEMS:

China _____ Glassware _____

Silverware _____ Disposables _____

OTHER SERVICES

Delivery: _____

Decorations / Flowers: _____

Bartending: _____

Flowers/ Decorations: _____

SPECIAL NOTES

Allergies, Dietary Restrictions _____

List of Required Equipment & Recipes (attached)

