



PRIVATE PARTY FORM

Today's Date: _____ Party Date: _____

Time of Party: _____ Number of Attendees: _____

Contact Person Name: _____

Address: _____

Contact Person Phone Number: _____

Contact Person Email Address: _____

Reason for Private Party: _____

Cash Bar/ Open Bar: _____ Smoking/Non-Smoking _____

Music Needs for Party: _____

Food Requirements for Event:

Additional Information/ Requirements:

Deposit Received: _____ Date: _____

Payment Received: _____ Date: _____

I, _____, have read and understand the private party guidelines.