

CAFE CENTRAL

Private Room Contract

Reservations will be held for 48 hrs – failure to return this form within 48 hrs will result in the loss of your reservation ____ Initial. A credit card must be provided in order to confirm reservations for parties of 6 or more guests. Cancellations must be made in written form **10 business days** prior to the reservation. This authorization sheet must be faxed back requesting cancellation with a signature. In the event that the restaurant does not receive written notification of cancellation, the deposit for the designated room will be lost. ____ **Initial.**

Upon your arrival you may instruct us to charge your bill to a credit card provided by person on site, otherwise the credit card listed on the contract will be charged. ____ **Initial**

We can also provide you and your guests to an exclusive private dining experience. We have two private dining rooms for personal parties, presentation dinners etc... The rooms are listed below.

The Wine Vault: A minimum of \$500.00 in food beverages is to be consumed. A deposit of \$250.00 is required to hold a reservation for this room. Capacity is a minimum of 8 guests with a maximum of 20 guests. Please **initial** which room you are reserving. ____ **Initial**

The Board Room: A minimum of \$1000.00 in food and beverages is to be consumed. A deposit of \$500.00 is required to hold a reservation for this room. Capacity is a minimum of 20 guests with a maximum of 40 guests. Please **initial** which room you are reserving. ____ **Initial**

Please circle if needed. Please, no outside audio/visual equipment permitted.

LCD Projector

35 mm Slide Projector

Screen

Microphone

Budget: \$ _____

Today's Date: _____

Date of Reservation: _____

Reservation or

Time of Reservation: _____

Representative Name: _____

Number of People: _____

Phone: _____

Third Party Contact: _____

Fax: _____

Third Party Telephone #: _____

Email: _____

Third Party Email: _____

You are hereby authorized to charge my _____

___ VISA ___ MASTERCARD ___ AMEX ___ DINERS or ___ DISCOVER card.

Name: _____

Special Instructions:

Card Number: _____

Expiration Date: _____

Authorized Signature: _____

(Signature Required)

If you have any other questions or requests please call (915) 545-2233, ext. 10 , (915) 727-6157 or fax (915) 545-2884 or email psaenz@cafecentral.com You may also visit our website at www.cafecentral.com for menu questions.

PLEASE LEAVE CONTRACT AS IS, DO NOT MAKE CHANGES TO THIS CONTRACT. THANK YOU!