

# 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 48 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. 110 , (915) 208-5812 or fax (915) 545-2884 or email [events@cafecentral.com](mailto:events@cafecentral.com) You may also visit our website at [www.cafecentral.com](http://www.cafecentral.com) for menu questions.

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