

**Cafe' Central**  
Private Room Contract

**Reservations will be held for 24 hrs – failure to return this form within 24 hrs will result in the loss of your reservation.** A credit card must be provided in order to confirm reservations for parties of 8 or more guests. Cancellations must be made in written form 7 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 Room:** A minimum of \$500.00 in food and beverages must be consumed. A deposit of \$250.00 is required to hold the reservation in 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 \$1,500.00 in food and beverages must be consumed. A deposit of \$500.00 is required to hold the reservation in this room. Capacity is a minimum of 20 guests with a maximum of 40 guests. Please initial which room you are reserving. \_\_\_\_ Initial

**The following equipment is available for Rent. Please circle if needed.**

LCD Projector	\$100.00	35 mm Slide Projector	\$45
Screen	no charge w/LCD Rental	Overhead Projector	\$45

There will be a \$50.00 charge for the screen if you bring in your own LCD

Today's Date: \_\_\_\_\_ Date of Reservation: \_\_\_\_\_

Reservation Name: \_\_\_\_\_ Time of Reservation: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of People: \_\_\_\_\_

Fax: \_\_\_\_\_ Third Party Contact: \_\_\_\_\_

Third Party Telephone #: \_\_\_\_\_

You are hereby authorized to charge my \_\_\_\_ VISA \_\_\_\_ MASTERCARD \_\_\_\_ AMEX  
\_\_\_\_ DINERS or \_\_\_\_ DISCOVER card.

Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**(Signature Required)**

If you have any other questions or requests please call (915) 545-2233 or fax (915) 545-2884

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