

Salvi's Special Event Contract

Function _____ Day _____ Date _____

Type of Event _____

Estimated Guest Count _____ *Final Guest Count _____ (required at least 7 days prior to event)

*Date required for final guest count and final menu selections: Mo _____ Day _____ Date _____ Year _____

*Failure to finalize the above as agreed may result in the cancellation of your event at Salvi's and forfeiture of all deposits.

Salvi's Bistro & Special Events Hours of Business

Monday - Thursday 11 am - 10 pm Friday & Saturday 11 am - 11 pm

Sunday Brunch Buffet 10 am - 3 pm Sunday Dinner 3 pm - 10 pm

Event Start Time _____ Event End Time _____

Client Name _____ Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Fax _____ Email _____

Upon review and acceptance of our special event policies, please sign below and return this contract with your applicable refundable deposit made payable to: Salvi's Bistro.

Special Event Coordinator Date

Client Date

Amount of Deposit \$ _____ Applicable Room Charge \$ _____

___ Cash

___ Credit Card: (please circle) Amex Visa MasterCard Discover

Account: _____ Expiration Date: _____ 3 digit code _____

Final Payment ___ Credit Card ___ Corporate Check ___ Cash

Thank You for Choosing Salvi's Bistro & Special Events

1323 St. James Lutheran Ln · Columbus · Ohio · 43228 Phone · 614-870-8788 · Fax 614-870-3880