

ON SITE EVENT CONTRACT/DEPOSIT RECEIPT

(This contract must be signed and \$200. deposit received for Jacobi's Café to reserve your date.)

| On behalf of | (name of organization) I hereby acknowledge that I/we | |
|--|---|---------------------------|
| are responsible for payment in full for an estimated _ | adults at a price of | _per guest and |
| children at a price of per child (final he | ead count to be given 3 business day | vs prior to event). I |
| understand that tax, and 18% gratuities are not include | led in the price. The event date is | |
| My event starts at I understand that my p | party will be booked up to a maximu | ım of 4 hours or no later |
| than 1 hour after restaurant closes. | | |
| My event will be located at 416 North 2 nd Ave, Walla | Walla, WA in the | (room location). |
| If my party uses glitter, confetti, rice, etc. on the premises, there is a minimum of \$100 additional cleaning fee | | |
| that I will be charged (initial). | | |
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| Notes: | | |
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| Cancelation policy: Events held January – November requires a 14 day ca Events held in December require a 30 day cancelation The \$200 deposit is non-refundable should you cancel | n notice. | |
| Customer Signature | Date | |
| Jacobi's Representative | Date | |