



Private Party Contract

Date of Contract: _____

This is a contract for services and agreement to pay for services between *The Steak Knife Restaurant*, and:

Group Name: _____ ("Customer")

Contact: _____

Address: _____

City State Zip

Phone: Day: _____

Cell: _____ Fax: _____

Email Address: _____

for the following event:

DATE OF EVENT: _____ TYPE OF EVENT: _____

Starting Time of the Event: _____ Ending time of the Event: _____

Estimated Number of Guests: _____ Adults: _____ Children: _____

Room Reserved: _____ Private: Yes No

Menu # Selected: _____ Bar / Beverage Instructions: _____

Terms of the Contract:

Conformation of Reservation:

Conformation is not made until *The Steak Knife Restaurant* receives your deposit.

Payment and Method of Payment:

A security deposit of \$200.00 is required to secure your date and will be applied to your final bill. The balance will be due at the close of the event. We accept cash, credit card(Visa, MC, Amex and Discover) and approved checks.

Final Payment:

Final payment is due at the conclusion of your event. **NO** split checks are permitted, one form of payment required for final payment.

Menu Selection:

In consultation with *The Steak Knife Restaurant*, the customer shall select a food menu from the list of provided menu options. The cost per person listed for each menu option does not include 9.75% sales tax or 20% gratuity.

Bar Selection:

The option of a CASH BAR (your guest are responsible for payment of alcoholic beverages ordered)

The option of a OPEN BAR (all alcoholic beverages ordered by your guest will be added to the check total to be paid by you the customer)

The option of a LIMITED OPEN BAR (you the customer decide what alcoholic beverages are to be served to your guest)

The Steak Knife Restaurant and it's employees have the right to refuse service of alcoholic beverages to any patron or guest who by his or her behavior or appearance is believed to be incapable of tolerating alcohol consumption.

Smoking is not permitted in the Restaurant Dining Rooms or Bar Area.

Final Guest Count:

A **FINAL HEAD COUNT** of all adults and children must be provided within 48 hours (2) days prior to your event. If fewer guest attend on the night of you event you will be responsible and charged for 90% of your guaranteed guest count.

Deliveries:

Floral arrangements, Specialty Cakes , AV Equipment may be delivered to ***The Steak Knife Restaurant*** on the day of the event, during regular business hours with prior management approval and must be removed at the close of the event. ***The Steak Knife Restaurant*** will not be responsible for lost or stolen items brought in by the customer, customer guest or vendors hired by customer.

Customer Signature: _____

Banquet Manager Signature: _____

The Steak Knife Restaurant

888 Harrison Ave.

New Orleans, LA 70124

(504)488-8981

www.steakkniferestaurant.com

