

Function Worksheet

Day/Date: _____

Organization: _____

Location: _____

On-Site Contact: _____ Phone #: _____

**Guarantees must be submitted 72 hours in advance.
Don't forget the 17% gratuity and 8.25% sales tax that will be added.**

Attendance: _____ Expected: _____ Guaranteed: _____ Set: _____

Agenda: Time Function Location # People Rental Costs

Food & Beverage: Menu Service Style Begin Time End Time

Set up Information: (draw diagram on reverse side if needed).

or Tables Set-up Style Head Table Linens Decorations Misc.

Meeting Room Assigned: _____

Audio Visual Needs: _____

Special Needs: _____
