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Private Party/Event Contract

EVENT INFORMATION:

Date of Event: _____
Name of Event: _____
(i.e. Jane's Birthday Party, Jones Family Reunion, etc.)
Time of Event: _____ Number of Guests: _____ ppl
Price of Event: _____
(not including tax & 18% gratuity).

CONTACT INFORMATION:

Contact Name: _____
Phone: _____ Fax: _____ Cell: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Email: _____

DEPOSIT/PAYMENT/CONFIRMATION INFORMATION:

A **\$250.00** DEPOSIT WILL BE CHARGED TO ACCOUNT UPON RECEIVING SIGNED CONTRACT. DEPOSIT WILL BE CREDITED TO THE BILL. ALL PAYMENTS DUE AT END OF EVENT. *Confirmation of head count due 72 hours prior to the event or the approximate number will be used as a guaranteed.*

CREDIT CARD #: _____ Expiration Date: _____
TYPE: (Circle one) **Visa MasterCard American Express Discover Diners Club**
Name on Card: : (Please print) _____

This will be considered a definite upon receipt of signed contract and deposit.

X _____ DATE SIGNED CONTRACT: _____
(Client signature)

Please return this agreement by fax to **708.524.1143**, Attn: Chef Ala

THANK YOU FOR CHOOSING HEMMINGWAY'S BISTRO FOR YOUR SPECIAL EVENT