

# Reservation & Event Information Form

Please complete and return this signed Contract and Information sheet when providing your deposit and menu selection information. Thank you for giving us the opportunity to serve you.

CONTACT PERSON: \_\_\_\_\_

PHONE: (w) \_\_\_\_\_ (C) \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ FOOD SERVICE TIME: \_\_\_\_\_

ESTIMATED COUNT: \_\_\_\_\_ FINAL COUNT: \_\_\_\_\_

LOCATION REQUEST: \_\_\_\_\_

EVENT STYLE: (Please circle one) Table Seating or Cocktail Mingling(standing area)?

EVENT SIGNAGE TO READ: \_\_\_\_\_

## MENU SELECTION: (Please circle one)

Seated Buffet Package \_\_\_\_\_ / Cocktail Food Buffet Package \_\_\_\_\_ /

Platters (Please attach list) \_\_\_\_\_

Pre-Order - \$12 Limited / \$17 Limited - Preorders are not Individually billed(Coordinator pays for the group)

Off Menu -1 check per table(**table seating**) / Off Menu -Separate checks (**cocktail style only**)

## BEVERAGES: (Please circle one)

Cash & Carry(Individuals pay)/ Run One Tab (Coordinator pays for the group) / Drink Tickets

A confirmation of your order will be sent upon receipt of this  
Authorized Signature accompanied by payment information.

\_\_\_\_\_  
Authorized Client Signature

\_\_\_\_\_  
Date



529 23<sup>rd</sup> Street South, Arlington, VA 22202  
703.521.8215 / fax 703.521.8910 / [info@ccsportspub.com](mailto:info@ccsportspub.com) / [www.ccsportspub.com](http://www.ccsportspub.com)

