



RESTAURANT

203-259-7816
120 Post Road, Fairfield

ON-SITE FUNCTION CONTRACT

Type of Function: _____

Date of Function: _____

Time: _____

Number of people: _____

Contact Name: _____

Company Name: _____

Telephone #: _____ Fax #: _____

Restaurant Set-up: Front Porch Main Dining Room Table Arrangements

Menu Selection: Menu 1 Menu 2 Menu 3

Appetizers: _____

Salad: _____

Pasta Course: _____

Entrees: _____

Dessert: _____

Open Bar Cash Bar

White Wine Red Wine

Other _____

Dinner Price: _____

Gratuuity 18%: _____

Deposit: _____

*Price does not include 6% tax or 18% gratuity

*Price does not include alcohol/wine

*A \$100 deposit is required to hold the function.

The deposit is nonrefundable if there is a cancellation within 10 days prior to the function date.

Signature: _____ Today's Date: _____