

Banquet Room: Food & Beverage Booking Form

Event Organizer: _____ Phone: _____ Email: _____

Date of Event: _____ Name of Event: _____

Time In: _____ Time out (approx): _____ Time of Food Service: _____

Time to decorate (up to 2 hrs before)

Rental Rates:

Half Day (Under 6 hours): \$55

Full Day (Over 6 hours): \$100

Previous Day Setup +\$55

Table Setup:

Table Type: Round Rectangle

of Tables _____

Large round (seats 8)

Rectangle (seats 10)

Number of people _____

Table Formation: U Shape Rectangle Tables

Custom _____

Menu:

Choice of Buffet (20 ppl min): Continental Breakfast Lunch Buffet Buffet #1 Buffet #2 Buffet #3

Chicken _____ Starch _____ Salads _____

Pasta _____ Extras _____ Dessert _____

Pans of Food / Platters (circle size, write quantity, & write order)

Quantity: ___ Lrg / Sm _____

Quantity: ___ Lrg / Sm _____

Quantity: ___ Lrg / Sm _____

Quantity: ___ Lrg / Sm _____

Quantity: ___ Lrg / Sm _____

Quantity: ___ Lrg / Sm _____

Off Menu: (Over 40ppl must be buffet, platters, or pans of food)

Full Menu (2 - 30ppl) Short Menu (30 - 40ppl) Choice of 4 (ask for details)

Please check any extra amenities you wish to use or purchase:

Table Cloths (\$5.25/table) White Black

Company Laptop, Lectern, Projector, Screen & Slide Changer (\$10)

Portable Sound System, Microphone, & Disco Ball (\$10)

Flip Charts & Markers (\$10)

Rental Agreement: *No outside food or drink is permitted*

I, _____, (print card holder's name) agree to the terms and conditions of the above Rental Agreement and authorize the Creston Hotel to use my credit card to secure my reservation for the Banquet Room. Cancellations are subject to a 20% cancellation fee if cancelled less than 48 hours in advance of the booking. Based on confirmed number of people (give or take 5ppl) **Initial Here** _____

Card Type: _____

Digit code on card: _____

Card Number: _____ Expiration Date: _____

Card Holders Billing Address: _____

Your signature below will constitute a binding agreement for payment for the above-specified charges

Signature of Cardholder _____ Date _____

Form of Payment:

Will be paying night of event Send Invoice Charge to this Credit Card

**Please call us if any changes need to made to your booking
or if there are any special dietary needs: (250) 428-2225 ext. 0**