Buffet Package Agreement

APPLICANT NAME: _____

ADDRESS (Street, City, State and Zip): _____

TELEPHONE: (H) _____ **(W)** _____ **E-MAIL:** _____

NAME(S) OF PERSON(S) WHO WILL BE RESPONSIBLE THROUGHOUT THE EVENT: _____

DAY/DATE OF USE: _____ / _____ **START/END TIMES: From** _____ **AM/PM to** _____ **AM/PM.**

THE ANTICIPATED MINIMUM NUMBER OF PEOPLE THAT WILL BE IN ATTENDANCE: _____

For $12.00 per paid seat, Jupiter's At The Crossing will provide the following amenities:

- A guaranteed, reserved space for 1 HOUR AND 45 MINUTES.
- Free re-fills on non-alcoholic beverages (soda, tea, coffee) for each paid seat.
- 3-4 different appetizers to serve the number of paid seats in your party. We determine the number of appetizers to be served based on: 2 chix wings/person, 2 chix strips/person, 2 mozzarella sticks/person, 1 eggroll/person, etc.
- Enough pizzas to feed the number of paid seats in your party. We determine the number of pizzas served based on 1 Large pizza feeding ~5 people.
- Example: 100 paid seats would get: 200 chix strips, 200 chix wings, 200 mozzarella sticks, 100 eggrolls and 20 pizzas.

For $14.00 per paid seat, Jupiter's At The Crossing will provide the following amenities:

- The above, including house salad for each guest.

THE $50.00 DEPOSIT MUST BE MADE ON (CIRCLE ONE): AMEX/ MASTERCARD/ VISA

CREDIT CARD NO. _____ **EXPIRATION DATE:** _____ **SEC CODE:** _____

NAME OF CARD HOLDER (Please print as it appears on card): _____

SIGNATURE: _____ **DATE:** _____

PAYMENT AND RESERVATION

By signing, I agree to allow Jupiter's At The Crossing to charge my credit card for any fees incurred due to: a) failure to cancel your reservation a minimum of 18 hours prior to the scheduled event; b) your party not being present 15 minutes after the scheduled starting time and, therefore, considered cancelled; or c) overtime fees incurred due to the party occupying the space past the scheduled end time. I have read this agreement, and the Policies and Conditions on the reverse side of this form, and agree to abide by their terms.

SIGNATURE: _____ **DATE:** _____

ADDITIONAL FEES: (Office Use Only)

_____	Failure to Cancel 18 hours prior the scheduled event.	$50.00
_____	Failure to show 15 minutes after the scheduled event.	$50.00
_____	Additional hours: _____ hours @ $100.00/Additional Hour beyond scheduled end time =	$ _____

TOTAL AMOUNT CHARGED TO CREDIT CARD: $_____

Revised 2/14/2008

(CONTINUED ON REVERSE)