

PRIVATE DINING INQUIRY SHEET

CONTACT: _____ PHONE: _____

GROUP NAME: _____ CELL PHONE: _____

EVENT DATE: _____ FAX: _____

INQUIRY DATE: _____ EMAIL: _____

ARRIVAL TIME: _____ ESTIMATED COUNT: _____

TYPE OF EVENT: _____ GUARANTEED COUNT: _____

F&B MINIMUM: _____ GUARANTEE RCVD: _____

ROOM: PATIO PARTIAL RESTAURANT ENTIRE RESTAURANT

MENU SELECTION: LUNCH BRUNCH DINNER HORS D'OEUVRES

BEVERAGES: HOSTED _____ NO-HOST MINERAL WATER CUSTOM MENU HEADING

OTHER: SCREEN PROJECTOR FLOWERS MUSIC _____

SPECIAL INSTRUCTIONS: _____

SELECTED MENU: _____

SELECTED BEVERAGE: _____

DINING PACKAGE: _____ CONTRACT AND CC AUTH. SENT: _____

BLOCKED IN OPEN TABLE: _____ CONTRACT AND CC AUTH. RETURNED: _____

BANQUET CALENDER: _____ FOLLOW-UP CALL: _____

MENU/BEVERAGE SELECTION, DUE DATE: _____ DINING CONFIRMATION SENT: _____

HEAD COUNT, DUE DATE: _____ THANK YOU LETTER: _____