

CASEY JONES
BANQUET DEPOSIT AUTHORIZATION FORM

I, _____, have enclosed the non-refundable & non-transferable deposit of:
____\$100.00 (breakfast/lunch) or _____\$250.00 (evening/dinner)
for my function beginning at _____ AM/ PM to be held at Casey Jones in the (circle one)

PRIVATE DINING ROOM

OUTDOOR PATIO

RAILROOM

on. _____, 20____

Signature: _____

Daytime phone: _____

BOOKING TERMS AND CONDITIONS:

I understand that this deposit is non-refundable and non-transferable to another date in the event of cancellation. No postponements are accepted. Your deposit will be credited back to you on your final bill at the close of your function. A MINIMUM FOOD ONLY PURCHASE GUARANTEE IS REQUIRED, THE AMOUNT VARYING DEPENDENT UPON THE DAY OF THE WEEK, TIME OF DAY & LOCATION OF YOUR FUNCTION. PLEASE ENSURE THAT YOU ARE FAMILIAR WITH THESE MINIMUMS PRIOR TO SUBMITTING YOUR DEPOSIT. YOUR ENTIRE BILL WILL BE SUBJECT TO SALES TAX AND CUSTOMARY GRATUITY OF 20% OF THE TOTAL FOOD AND BEVERAGE PURCHASED. IN ADDITION, ALL FUNCTIONS WILL BE SUBJECT TO A **GRATUITY MINIMUM OF \$100.00**. BEVERAGES ARE NOT INCLUDED IN THE BANQUET MENU PRICING. NO CANCELLATIONS ARE ALLOWED, UNLESS DUE TO INCLEMENT WEATHER. WE HAVE A SPECIFIED INCLEMENT WEATHER POLICY IN PLACE. PLEASE REQUEST A COPY. NO FOOD OR BEVERAGE MAY BE BROUGHT ONTO THE PREMISES. SUBMISSION OF A DEPOSIT INDICATES YOUR ACCEPTANCE OF THE BOOKING TERMS AND CONDITIONS. ALL GUESTS BEING SERVED ALCOHOL WILL BE ASKED FOR VALID AND ACCEPTED IDENTIFICATION AT THE TIME OF SERVICE, REGARDLESS OF THEIR AGE. GUESTS SHARING ALCOHOL WITH MINORS WILL RESULT IN THE IMMEDIATE TERMINATION OF YOUR FUNCTION WITH ALL FEES FOR FOOD AND BEVERAGE PREPARED DUE, REGARDLESS OF WHETHER OR NOT THE FOOD/BEVERAGE HAS YET TO BE CONSUMED.

Cash: _____ Check: # _____

For your convenience, you may elect to pay your non-refundable deposit with a credit card. Please fill out the information requested below, along with your authorizing signature. We will process your credit card for the deposit upon our receipt. We will fax or mail a copy of the receipt. As always, please contact us to confirm our receipt of any fax. Thank you! ***You may fax this to 301-392-5118 or mail to PO Box 1587, LaPlata MD 20646***

_____ Date: _____
Cardholder Name (please print)

_____ Card Type _____ Exp Date _____ Security code _____
Account Number

Authorizing Signature

PLEASE CHECK ONE:

Please fax a receipt: _____ Fax number: _____
Please mail a receipt: _____ Mailing address: _____