

PRIVATE FUNCTION CONTRACT



Date Booked: _____

Revised Book date: _____

SPONSOR	EVENT DATE & TIME	BOOKING CONTACT	SITE CONTACT	CONTRACT #
ADDRESS	PHONE NUMBER	EMAIL ADDRESS	NUMBER OF EXPECTED GUESTS	

I, _____, am booking a private function at an MWR facility. I agree that MWR will plan my private function based upon my stated Number of Expected Guests and my Food and Beverage Selections. I agree that I cannot change my Food and Beverage Selections within **72** hours of my scheduled private function without approval of the Club Manager. I agree to notify MWR about any changes to my Number of Expected Guests no later than **72** hours prior to my scheduled private function. I agree that I am individually responsible to pay MWR for 100 % of its expenses associated with my private function - even if more guests attend than my stated Number of Expected Guests. I agree to make all payments to authorized MWR employees only. I agree to make full payment for my private function no later than the day of the event. I agree that if I do not cancel my private function **72** hours before the event that MWR can require full payment based upon my stated Number of Expected Guests and Food and Beverage Selections. I certify that my scheduled private function is purely a social event and that it is not being held to further any political cause or activity or any commercial enterprise. I agree that I am responsible for the conduct of all of my guests. I agree that no food or beverages can be brought into or taken from the MWR facility without the prior approval of the Club Manager. If this private function is self-directed without wait staff and alcoholic beverages are consumed, I acknowledge and assume responsibility for the following conditions:

1. That I am at least 21 years of age.
2. Guests consuming alcoholic beverages will be at least 21 years of age.
3. Beer and ale will be the only alcoholic beverages available for the event.
4. Food, games, and other forms of activities will be provided as a supplement.
5. Transportation will be provided for guests unable to drive.
6. Non-alcoholic beverages will be provided to all attendees who want non-alcoholic beverages.

FOOD AND BEVERAGE SELECTIONS

Description of Item	Qty Total	Cost	Additional Comments/Special Requests
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ROOM SELECTION

Facility/Room	Setup Style	Start	End	Serving Time	Guests	Room Date
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Setup Notes:

BILLING INSTRUCTIONS

SUBTOTAL:	DEPOSIT MADE	BILLING TYPE:	Credit Card	CARD NUM: XXXXXXXXXXXXX1234
SERV CHG:	BALANCE DUE:	TYPE OF CARD:		
NEXT DEPOSIT:		CARDHOLDER:		EXP DATE:
TOTAL:	DUE DATE:	CARD HOLDER SIGNATURE:		

PRIVACY ACT STATEMENT. AUTHORITY: 10 U.S.C. 8013; 44 U.S.C.3101. **PRINCIPLE PURPOSE:** To verify information regarding Sponsor eligibility and contractual requirements for a private function. **ROUTINE USE:** NONE. **DISCLOSURE IS VOLUNTARY:** Failure to provide the necessary information, however, may cause a rejection of this private function contract.

SIGNATURES

Command Representative (As Required)	Date	Sponsor	Date
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