

Th' Bucket Banquet Agreement

**THANK YOU FOR CHOOSING BY-TH'-BUCKET BAR & GRILL FOR YOUR EVENT.
WE ARE COMMITTED TO PROVIDING YOU WITH THE HIGHEST STANDARDS IN QUALITY
OF BOTH FOOD AND SERVICE.**

**IN ORDER FOR US TO RESERVE THE SPACE FOR
_____ PEOPLE ON ___ / ___ / ___ AT ___ AM/PM,
WE REQUIRE A SIGNED COPY OF THIS AGREEMENT WITH A CREDIT CARD NUMBER.**

**BY-TH'-BUCKET WILL PROVIDE ALL FOOD AND BEVERAGES.
NO OUTSIDE FOOD OR BEVERAGE WILL BE PERMITTED WITHOUT CONSENT
FROM THE MANAGEMENT OF BY-TH'-BUCKET.**

**ANY CANCELLATIONS PRIOR TO THE DATE OF THE SCHEDULED EVENT WILL RESULT IN FORFEIT OF YOUR
\$200 ROOM DEPOSIT. THE ROOM DEPOSIT WILL BE APPLIED TO YOUR FINAL CHECK.**

**THERE IS A 20 PERSON MINIMUM WHEN USING THE BANQUET FACILITY.
A 72 HOUR CONFIRMATION OF THE NUMBER OF PEOPLE ATTENDING YOUR EVENT IS REQUIRED.**

**IF LESS THAN YOUR CONFIRMATION NUMBER ATTENDS YOUR EVENT,
YOU WILL BE BILLED FOR THE CONFIRMATION NUMBER.**

**IF MORE THAN YOUR CONFIRMATION NUMBER ATTENDS YOUR EVENT,
YOU WILL BE BILLED FOR THE TOTAL NUMBER OF ATTENDEES.**

**ALL RESTAURANT CHARGES MUST BE PAID BY CASH OR CREDIT CARD
UNLESS PRIOR BILLING ARRANGEMENTS HAVE BEEN MADE.**

IF THESE TERMS ARE AGREEABLE, PLEASE SIGN AND RETURN.

**PLEASE BE AWARE THAT TAX AND A 20% SERVICE CHARGE SUBJECT TO SALES TAX WILL BE ADDED
TO ALL FOOD AND BEVERAGE PRICES.**

BANQUET CONTACT & CHARGE INFORMATION

please fill out the below portion and fax, mail or deliver back to the restaurant

PRINT NAMES: _____ **PHONE NUMBER:** _____

CREDIT CARD #: _____ **EXPIRATION DATE:** _____

SIGNATURE OF CARD HOLDER: _____

BY-TH'-BUCKET CONTACT INFORMATION

4565 Stevens Creek Boulevard, Santa Clara, CA 95051 Phone: 408-248-6244 Fax: 408-249-3541
Banquet Coordinator: Natalie Ceglia