

MEDICI SPECIAL EVENTS CONTRACT

By signing below, you are indicating that you fully understand all the Medici Special Events policies and are making a deposit to confirm the booking of the space.

Private Dining Room (1st floor)

Upstairs Banquet Room

Upstairs with Partial Patio

Upstairs with Full Patio

Function Date: _____

Event Start Time: _____ Event End Time: _____

Approximate Number of Guests: _____

Purchase Minimum Requirement: _____ Deposit Received: _____

*~ minimum must be met before tax and gratuity, 20% gratuity added to all bills~
~Deposit credited on Final Bill~*

Name: _____

Company: _____

Mailing Address: _____

E-Mail Address: _____

Phone: _____

Additional Event Liaison and Contact Details:

I have fully read and understand the Medici Special Events Policies

Including: Minimum Spending Requirement

Event Timeline

Decorations Policy

Signature: _____ Date: _____

Credit Card Number: _____ Exp Date: _____

I authorize payment of the deposit on the credit card listed: YES NO

Your deposit will be credited to the final bill, due at the close of the event unless other arrangements have been made prior to the event.

**Credit card number will be held and will only be charged in the event of cancellation, non-payment or damages cause by violation of the Decorations Policy*