

RECEPTION INFORMATION SHEET

RECEPTION SITE

Address: _____

Site Coordinator: _____

Phone: _____

Confirmed Date: _____

Time: _____

To: _____

Room Reserved: _____

Deposit Amount: _____

Date Due: _____

Balance Amount: _____

Date Due: _____

Cancellation Policy: _____

Last Date to Give Final Head Count: _____

NUMBER OF GUESTS

Invited

Confirmed

TYPE OF RECEPTION

Sit-Down

Buffet

Cocktails/Hor d'oeuvres

CATERER *(When different from reception site)*

Contact Person: _____

Phone: _____

Confirmed Date/time: _____

Last Date for Final Head Count: _____

RECEPTION COST

Cost Per Person: Food _____

Beverage _____

Total _____

Number of Confirmed Guests: _____

Cost Per Person: _____

(Number of Guests x Cost Per Person) Subtotal: _____

Sales tax: _____

Gratuuity: _____

(Site or Equipment) Rental fee: _____

Other: _____

Total Cost _____

Less Deposit: _____

Balance Due _____