

Evergreen Golf Course and Restaurant

11694 West Church Rd NE • Mt Angel, OR • 503-845-9911 or fax 503-845-6935

Event Reservation Form

Group Name: _____ Phone: _____

Person Responsible: _____ Phone: _____

Address: _____ Fax: _____

Event Date: _____ Arrival Time: _____ Dinner served: _____

Facility Use fee: \$3.00 per guest (Minimum group size: 50 guests) Number of guests @ \$3.00 = \$ _____

Rental includes: • 4 hours use; each additional hour \$75.00.

- tables, chairs, and tablecloths
- china, tableware, napkins, and water glasses
- ice water pitcher kept full on each table

Number of dinners: _____ @ _____ Number of dinners: _____ @ _____

Total: _____

Meal will be served buffet style, and will include the following:

Hors'd oeuvres _____

Entrée's _____

Side Dishes _____

Dessert _____ Number of desserts: _____ @ _____

Bar Service:

- Hosted (group pays for all beverages consumed) _____
- Limited Hosted (group pays for all beverages up to set limit) _____ Limit \$ _____
- No Host (guests pay for own beverages) _____
(For hosted and limited hosted service add 15% gratuity)

TOTAL ANTICIPATED COST OF EVENT (WITHOUT BEVERAGE CHARGES) _____ \$ _____

Food and beverage bill to be paid in one lump sum with a minimum 15% gratuity added.

Please submit \$200 deposit with this form (deposit will be credited to total charges if contract honored.)

POLICIES:

- Receipt of deposit will reserve your event date and time. Payment will be accepted in the form of cash, check, or credit card. Total number of guests must be confirmed 5 days prior to event.
- **Minimum group size: 50 guests.**
- **All alcohol must be purchased from Evergreen Golf Course & Restaurant.**
- Organization and/or person(s) responsible will be held liable for any damage to restaurant or golf course property, specifically damage to turf or greens by improper footwear, running, etc.

I have read and agree to the above conditions:

Signature of Responsible Party: _____ Date: _____

Evergreen Restaurant: _____ Date: _____