

DATE:

TO ENABLE US TO PROPERLY PROVIDE AN ACCURATE ESTIMATE FOR YOUR EVENT WE WOULD APPRECIATE

#### IF YOU WOULD PROVIDE ANSWERS FOR THE FOLLOWING QUESTIONS:

TODAY DATE:		
NAME:		
MOBILE:	TELEPHONE:	
HOME ADDRESS:		
CITY:		
EMAIL ADDRESS:		
BEST TIME TO CALL:		
EVENT TYPE:		
DATE OF EVENT:		
EVENT LOCATION:		
APPROXIMATE START TIME:	END TIME:	
NUMBER OF ADULT:	NUMBERS OF CHILDREN:	
SERVICE TYPE: CATERING DUFFET	SEAT DOWN OTHER	
SPECIAL DIETARY REQUEST:		
WAITER / WAITRESS		
BARTENDER		
TABLE		
CHAIRS		TABLE SETUP
ADDITIONAL COMMENT:		



### AGREEMENT

THIS AGREEMENT	BETWEENAND	ZODIAC
	CUISINE RESTAURANT	

## ✓ DEPOSIT & FINAL PAYMENT:

### PAYMENT METHOD:

ALL PRICES QUOTED ARE BASED ON CASH VISA OR CHEQUE PAYMENT, THERE WILL BE AN EIGHTEEN(18%) SERVICE CHARGE FOR ALL EVENT, ANY EXTRAGRATUITY WILL BE DIRECTLY TO THE SERVICE STAFF.

# ✓ TIME:

CLIENT WILL BE BILLED FOR ADDITIONAL STAFF HOURS FOR ANY TIME EXTENSION.

NAME:

SIGNATURE: