

Zesty Steakhouse LLC

9905 Bridgeport Way SW Lakewood, WA 98499 Phone: (253) 300-7993 www.zestycajungrill.com

Tina Lee

Banquet Manager Mon-Thu: 12pm - 4pm Mobil: (716) 957-9165 Email: tinaleeny@gmail.com

BANQUET BOOKING INQUIRY FORM

Prepared By:			Today's Date:	
Booker Name:				
Company / Event:				
Address:				
Mobil Number:				
E-Mail:				
Banquet Room:			Banquet Date:	
Start Time:			End Time:	
Tye of Event:				
Book Status:	□ Tentative	Confirmed	□ Guaranteed	Deposit
Number of Person:				
Total Budget:			Per Person:	\$
Media Request:	D Podium	□ Television	Cordless Mic	Projector
Menu / Meal Plan:				
Comments/ Special Requests:				

BANQUET ROOMS

POINT OF CONTACT

Our beautiful private dining rooms, semi-private and public spaces are available for 2 hour bookings. Dinner service start time is flexible within the first hour.

Our Managers are available to answer questions and help you plan your next meeting, party or special event. During your event, a dedicated team will serve you and your guests. **MENU PACKAGES**

Our simple packages provide an easy buying decision. We are able to accommodate guests with vegan, vegetarian and gluten friendly dining options upon request.

Please note that your submission is an inquiry and a booking has not been made at this time. Our banquet manager will contact you within 24-48 hours to begin the planning process and confirm availability. We look forward to hosting your next event!



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THANK YOU FOR YOUR INTEREST

_____, ____/____

Dear	:

In addition to our fine food and friendly, experienced staff, we provide a full array of additional banquet services. This includes items such as DJ, karaoke, live music, twisting balloons, and airbrush tattoos

We will work with you to ensure this event reflects your own taste and personal touches. Our goal is to relieve you of the many details that go along with hosting a successful party so that you, as well as your guests, can thoroughly enjoy this special event.

Please do not hesitate to contact me if you have any questions, suggestions or would like to inquire about any additional ways we may be of service.

Thank you for your interest in our banquet services. We look forward to working with you to make this special event a success in every possible way.

Very best regards,

Banquet Manager Signature





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BANQUET PROPOSAL

Number of Guests:

Event Date:

		FOOD AND BEVERAGE	
NO#	ITEM TYPE	ITEM DESCRIPTION	PRICE
#1			\$
#2			\$
#3			\$
#4			\$
#5			\$
#6			\$
#7			\$
#8			\$
#9			\$
#10			\$
#11			\$
#12			\$
TOTAL	ESTIMATED AMOUNT		
Subto	al		\$
Sales [·]	Тах		\$
%18 S	ervice		\$
Toal			\$
Depos	it Due:		\$

Banquet Room	
Staffing Structure	
Media Requirement	
Decoration Needs	

Manager Signature

Client Signature

The above estimate is not a guaranteed amount. The final invoice amount will reflect charges according to the final guaranteed guest count and any additional charges incurred as approved by Client and our banquet Manager.

To ensure booking of this event, please read and sign the attached Banquet Policies. You may fax or mail a copy along with the above deposit amount to our restaurant.



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BANQUET POLICIES

Guarantees on Number of Guests:

Food, beverage and add-on items charges based on guest count will be based on the Client's final guarantee. Final guest counts are due no later than one week before the date of the event. If no final guest count is received, we will use the number of guests used in the attached proposal. If the guaranteed guest count falls below 75% of the proposal guest count, the price per guest may be increased. We will make every effort to accommodate any last minute increases in the guest count.

Staffing:

Our staff will be dressed in black uniform unless you request something different. Our proposal includes staffing for up to 4 hours beginning at the starting time through final cleanup of the event. Overtime might be billed at the rate of \$20.00 per hour. No overtime will be incurred if the event ends on schedule. We reserve the right to increase or decrease the number of staff if the guaranteed guest count is 10% higher or lower than the number included in this proposal.

Deposit & Cancellation Policy:

A deposit of _____% of the Total Estimated Amount is needed to confirm the booking of this event. Deposit refunds on cancellations are handled as follows –

Notice over 10 days prior to event: Notice 5 to 10 days prior to event: Notice less than 5 day prior to event: full refund of deposit 50% refund of deposit no refund of deposit

Final Payment:

Clients will be billed for the balance due in the end of the event.

Upon review and acceptance of the proposal and our catering policies, please sign below and return this document with your deposit.

Manager

Client

Date

Date

To pay deposit by credit card:

Type: (please circle) AMEX, VISA, MC, Discover

Account: _____

Expiration Date: _____