

Hemingway's

Wine & Bistro

Private Party Contract

Reservation & Menu Selection

It's easy. Just call Calvin Rolark at 573-443-2779 and she will be more than happy to assist you. If you know of anyone joining your party who has specific dietary needs, we will accommodate accordingly.

Please call the restaurant to be sure the date you require is available. If so, fax your contract or an executed scanned document emailed to calvin@hemingwaysltd.com.

We unfortunately do not accept "tentative bookings" due to the demand that our private room receives. Confirmations are done in the form of contracts which you can download off the website as well. A booking is not 100% without a signed contract. Contracts are to be faxed to the number given on the contract.

Chef's Cellar Accommodations

Our private room offers access to a LCD monitor for power point presentations, wi-fi, DVD presentations and complete privacy away from the main dining room. This breathtaking room is designed to wow any client, prospect or any special function you might entertain.

Capacity

Chef's Cellar: 18 persons (seated comfortably) / 20-25 persons (stand-up reception)

Café: 24 persons (seated comfortably) / 25-30 persons (stand-up reception)

Cost

Lunch (11:30-3:00pm)

\$150 room rental

Room fee will be waived if total bill is greater than \$300.00

Dinner (5:00-8:00pm)

\$600 food & beverage minimum – A room fee will be added to the bill if a party does not reach minimum

A \$45.00/person pre-fixed three course menu will be provided for parties greater than 12 people

Audio / Visual Equipment

\$100 equipment rental will be added to parties utilizing our monitor for presentations.

*No outside screens or projectors are allowed in the restaurant

Pertains to all Reservations

- Contract & credit card number is required.
- One bill is required for all parties in the private dining room.
- Tax and 20% gratuity will automatically be added to the bill.
- Room fee will be charged to the bill of whomever the reservation is under or host present.
- Parties are charged based on the guaranteed numbers supplied by the person signing the contract. We allow 48 hours notice to change this number (+/-).
- Cancellations must be made within seven days prior to your reservation.
- Cancellations after this period will be charged a \$500.00 cancellation fee for Dinner and \$150.00 for Lunch.
- We are not set up to invoice parties therefore; parties are required to pay their total bill in full before leaving.

We look forward to Serving You!!

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Private Party Contract

Date of Event: _____

Name of Party: _____

Lunch or Dinner

Thank you for booking your event with Hemingway's Wine & Bistro! We welcome the opportunity to serve your party and hope you enjoy your time with us. In an effort to avoid any miscommunication, please review the information below and initial beside each component.

**Fax completed form to:
573-443-2077**

I am committing to _____ number of guests for my event. I agree to confirm my final number of guests within 48 hours of the event.

INITIAL: _____

The minimum amount required to book this room is \$_____. I agree my credit card will be charged the room minimum in the event I do not meet the required minimum to book the room.

INITIAL: _____

I agree my credit card will be charged the cancelation fee which is \$_____ in the event my party does not show up, or if I cancel within 7 days of the event.

INITIAL: _____

I understand the room is reserved for exactly 2 hours. I understand an arrangement must be made at this time if the room is to be used for a longer period of time, from _____ to _____.

INITIAL: _____

I agree to pay the \$_____ rental charge for audio video usage by my party.

INITIAL: _____

Food & Beverage max \$_____ per person (if applicable)

INITIAL: _____

BILLING INFORMATION

Name: _____ Phone: _____

Signature: _____ Date: _____

Credit Card Number: _____ Exp: _____ Card Type: _____

Mailing Address: _____

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CONTACT INFORMATION

Name: _____ Date: _____

If someone else will be the contact for the day of the event please provide name and contact cell number.

Name: _____ Contact Number: _____