

On Restaurant/Company Letterhead

(date)

Dear *(Mr/Mrs last name)*:

We are pleased to submit the enclosed proposal for *your son's rehearsal dinner* to be held *in your home* on *Friday evening, June 17th* for *30 to 40 guests*.

In addition to our fine food and friendly, experienced staff, we provide a full array of additional catering services. This includes items such as china, silverware, customize centerpieces and flower arrangements as well as entertainment, valet and security services.

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 catering services. We look forward to working with you to make this special event a success in every possible way.

Very best regards,

(Owner, Manager, Catering Manager)

Restaurant/Company Name & Logo
Catering Proposal for *(customer name)*

Number of Guests:

Event Date:

FOOD

Appetizers @ \$ 0.00 <i>(per guest)</i>	\$ 00.00
Dinner, desserts & ice tea @ \$0.00	\$ 00.00

BEVERAGES

Coffee service @ \$ 0.00	\$ 00.00
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ADD-ON ITEMS

<i>(generally paper and plastic dinnerware)</i>	\$ 00.00
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STAFFING

	\$ 00.00
# Servers	<i>(no additional charge if all inclusive price)</i>
# Bartenders	
# Chef	
# Attendants	
# Party Maids	

RENTALS

	\$ 00.00
Tent <i>(examples)</i>	
Dance floor	
Sound equipment	

DECORATIONS

	\$ 00.00
Table centerpieces <i>(examples)</i>	
Flower arrangements for serving tables	

TOTAL ESTIMATED AMOUNT

Subtotal	\$ 00.00
Sales tax	<u>\$ 00.00</u>
Total	<u>\$ 00.00</u>

50% Deposit Due	\$ 00.00
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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 *Catering Manager*.

To ensure booking of this event, please read and sign the attached Catering Policies. You may fax or mail a copy along with the above deposit amount to *(company name and address)*.

Restaurant/Company Name & Logo

Catering 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 tie 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 is billed at the rate of \$15.00 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 50% of the Total Estimated Amount is needed to confirm the booking of this event. Deposit refunds on cancellations are handled as follows –

- Notice over 30 days prior to event: full refund of deposit
- Notice 10 to 29 days prior to event: 50% refund of deposit
- Notice less than 10 days prior to event: no refund of deposit

Final Payment:

Clients will be billed for the balance due within one week after the event. The invoice amount is due upon receipt.

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

Restaurant/Company

Client

Date

Date

To pay deposit by credit card:

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

Account: _____

Expiration Date: _____

*(Restaurant/Company Name * Address * Phone * Fax #)*