

GROUP RESERVATION AGREEMENT

Company	_ Phone # ()
Person in charge (Cardholder)	Cell Phone # ()
<i>e</i> -mail	_Fax # ()
Billing Address	
Date of the event Res	ervation Time <i>from</i> : <i>to</i>
Guaranteed # of guests	_ Deposit (<i>\$5 Per Person</i>)
<i>For Patio</i> : Non-Refundable: Patio Rental time fee from \$100 per ho Plus credit card, kept on file to cover any physical damage done to patio.	our (first two hours, minimum), any additional hour, from \$200 an hour. Patio fee
Credit Card #	Exp V/C Zip
NOTICE: CONTRACT IS VALID ONLY WITH MANAGER'S SIGNATURE	
 Entire party must be present to be seated. Deposit will be credited toward the final bill. Reservations are valid for one show only on Fridays, Saturdays, Sundays, and Holidays. <u>Minimum of \$30 must be consumed per person, per show.</u> 1 (one) check maximum per group. <u>No balloons allowed in the restaurant.</u> <u>No strollers allowed in the restaurant.</u> <u>No outside cakes allowed.</u> Prohibited to bring outside food, drinks or alcohol beverages into our premises. Payment shall be made immediately following the function unless credit has been established to the satisfaction of Guadalajara Grill Restaurant. A five-dollar deposit per person is required for groups of Seven (7) people or more. 	 Cancellations made less than seven (7) days prior to the event are non-refundable. For Patio: Rental fees are non-refundable, any cancellations forfeit fee. <u>Guadalajara Grill will charge for the exact guarantee of confirmed guests or the actual number of guests that exceed the guarantee.</u> Credit card will be kept on file to cover any outstanding charges that aren't paid for if cash and carry, service is requested, or table requests separate checks. For company/business gatherings; Guadalajara Grill is not responsible for any exchange of information discussed on our premises. Dress Code: no shoes, no shirt, no service. Prohibited to share alcoholic drinks with minors. <u>Prices for food and liquor add 9.5% tax and suggested gratuity of 18%</u>
SPECIAL MENU If Applicable	
If the listed arrangement meets your approval, please sign below. (Card holder hand-printed signature required.) Signature of person in charge X Date FOR RESTAURANT APPROVAL	
By Title	Date

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