

RoSal's
1154 W. Taylor Street
Chicago, IL 60607
Fax agreement to: 815/439-5625

Special Event Agreement

Day of event: _____ Type of event: _____

Arrival Time _____ Departure Time _____ Number of Guests _____

Name _____ Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

All charges will be based upon the guaranteed or actual number of guests whichever is greater
All alcoholic beverages, sales tax and 18% gratuity are additional

A guarantee of the final number of guests is required 72 hours prior to the event.
In the event that the client does not confirm the guest count, the original number of guest specified above
will be utilized as the guaranteed number.

Weekend private events require a minimum guarantee of 40 guests. If your group decreases in size,
we reserve the right to open up the private dining area.

All events are served Family-Style unless other arrangements are agreed upon
Menu selection must be confirmed two weeks prior to the event
Special occasion cakes may be arranged for you at an additional charge
The patron agrees to comply with the State of Illinois under-age drinking ordinance

A credit card is needed to guaranteed your reservation and must be filled out completely:

Card Type _____ Card Number _____

Expiration Date _____ Name on card _____

Cancellation policy: Cancellation must occur **72 hours in advance** or a fee of \$250 will be charged to the above listed card. Cancellation within 72 hours will result in a cancellation charge based on 50% of the guaranteed number of guests.

Your signature is required to finalize this agreement. I have read and accept all of the above;

Guest Signature: _____ Date _____

