



Reoccurring Functions Agreement 2009

Thank you for choosing to have your regular meetings at San Juan Country Club. Please review the following information for accuracy and then sign the agreement at the bottom of the page.

Organization: _____

Contact: _____ Phone: _____ Fax: _____

Email: _____

Address: _____

Event Sponsor (Must be a member of SJCC): _____ Member #: _____

2009 MEETING DATES

JAN: _____ FEB: _____ MAR: _____ APR: _____

MAY: _____ JUN: _____ JUL: _____ AUG: _____

SEP: _____ OCT: _____ NOV: _____ DEC: _____

Time of meetings: _____ AM/PM to _____ AM/PM

Type of menu: _____

Food Service Time: _____

Estimated Attendance: _____ Food Cost Per Person: _____

Bar Arrangements: _____

Room Setup: _____

Payment Arrangements: _____

SIGNATURE: _____ DATE: _____

A final headcount will be required **7 business days** prior to your meetings. Food will be prepared and staff assigned according to this final count. Your final billing will be based upon this information. If more attend, you will be billed accordingly. If you fail to call in a final headcount your approximate number (above) will be used for billing purposes.

Cancellation of a meeting is required at least **7 business days** prior to the event to avoid incurring any charges. Cancellation must be in writing.

I understand that the San Juan Country Club will do it's best to accommodate us as scheduled. I am also aware that our group may be moved to another room if the club deems it necessary.

As the contact for our organization I agree to the above information and understand that I may be held liable for any unpaid debts to the club. The sponsor of our group may also be held liable if our group does not pay.

Signature

Date

Printed Name
