

River City Brewing Company

545 Downtown Plaza Suite 1115- Sacramento, CA 95814

Tel: 916-447-2739

Fax: 916-448-7153

| | |
|--------------------|------------------|
| Party Name: _____ | Contact: _____ |
| Party Phone: _____ | Party Fax: _____ |
| Event Date: _____ | Event Day: _____ |
| Event Time: _____ | |
| Guest Count: _____ | |
| Event Area: _____ | |
| Confirmed: _____ | by _____ |

| | |
|--------------------|---------------|
| Menu Due By: _____ | |
| Menu: _____ | Drinks: _____ |
| Received On: _____ | By: _____ |

| | |
|---|----------------|
| Card Type: _____ | |
| Card Number: _____ | Expires: _____ |
| *If this card is to be used for payment it must be present on the day of the event. Please note that this card will be charged \$300.00 in the event of a no-show that is not confirmed with management at least 48hrs prior to the event. | |
| *I understand and agree upon the above terms, and I have read and agreed to the large party policies. Any and all necessary adjustments to this contract been made prior to signing. | |

Print Name: _____

Signature: _____ Date: _____