



- **PLAZA AM** (anytime before 4:00 pm)
4740 Grand Ave, KC, MO 64112 | 816-561-8000
Fax | 816-561-9156

Boardroom: \$200 Food & Beverage minimum, 16 people, 40" Flatscreen

Private Dining Room: \$200 Food & Beverage minimum, 24 people, 60" Flatscreen (\$300 in December), 24 people, 40" TV

Date of event: _____ Time: _____ BR/PDR: _____ Guest Count: _____

Event Name: _____

Contact Name & Company _____

Phone Number _____ Email _____

Address _____

This contract is entered into on _____ (date), between Grand Street and the aforementioned customer listed above. The customer agrees to a minimum charge of \$ _____ exclusive of tax and gratuity. If the minimum is not met, the difference will be charged to the customer, the day of the function. The room is available for 2.5 hours. Any additional time is to be requested prior to the event and will be charged at a rate of \$20 per additional hour. All items must be paid for on one tab. Guests may not split tabs in the private dining rooms. Any items that have not been paid for will be charged to the credit card on file.

An approximate head count was given the day of booking, and the customer agrees to confirm a final head count no later than seven (7) days prior to the event. Final cost is based on 100% of the final headcount given in advance.

A \$50.00 Cancellation Fee will be charged to the customer if the event is canceled less than 14 days in advance.

*Initial _____

CREDIT CARD # _____ Expiration _____

(To be held on file only)

Sales tax and a 20% service fee will be added to the food and beverage total the day of the event. Tax is subject to change according to the current law. Happy Hour pricing, coupons, and discounts are not valid or included. The TVs are compatible with **HDMI** and **VGA** cables that are supplied by Grand Street. We strongly suggest testing any A/V equipment prior to your event.

Please sign and email back to: PlazaPrivateDining@gmail.com

Nick Folse _____ Customer Signature _____

Private Dining and Service Manager _____ Company Name: _____

Signature: _____ Date: _____

Date _____