



ALL DAY MEETING CONTRACT
(3+ HOURS)

Lenexa | 8815 Renner Blvd. Lenexa, Kansas
913-601-3500

Boardroom: \$100 Room Fee + \$500 Food & Beverage Minimum

Includes one long table that seats **14, white leather chairs, linens, house centerpieces, and a 40" TV*

Private Dining Room: \$100 Room Fee + \$500 Food & Beverage Minimum

Includes one long table that seats **22, white leather chairs, linens, house centerpieces, and a 60" TV*

Event Name: _____

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

Contact Name & Company _____

Phone Number _____ **Email** _____

This contract is entered into on _____ (date), between Grand Street and the aforementioned customer listed above. The customer agrees to the food and beverage minimum, room fee, plus 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 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.

An approximate head count was given the day of booking, and the customer agrees to confirm a final head count no later than 24 hours prior to the event. Parties over 10 must be paid on one tab. Any items that have not been paid for will be charged to the credit card on file.

Customer agrees to a 21% gratuity fee and standard tax fees.

Outside dessert charge: \$20

AV charge: \$20

A \$100.00 Cancellation Fee will be charged to the customer if the event is canceled less than 21 days in advance.

CREDIT CARD # _____ EXPIRATION _____

(To be held on file only)

Sales tax and suggested gratuity 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 AVV equipment prior to your event.

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

GS Representative: _____

Customer Signature: _____

Signature: _____

Company Name: _____

Date: _____

Date: _____