AESOP'S TABLE

NAME:_____ CONTRACT DATE:_____

HOME#_____ WORK#_____

FAX:_____ TYPE OF FUNCTION:_____

CONTACT:_____ DATE OF FUNCTION :_____

ADDRESS:_____ DAY OF WEEK:_____

CITY:_____ STATE:____ ZIP:_____ SERVICE TIME:_____

MENU SELECTION

All orders subject to MN Sales Tax
Full service catered events subject to 15% Gratuity

SPECIAL INSTRUCTIONS

NUMBER OF GUEST : ESTIMATED _____ GUARANTEED _____

LOCATION OF PARTY :

PRICE/GUEST :_____ + TAX & GRATUITY :_____ DATE OF DEPOSIT :_____

In order to serve our mutual interests, the following agreement is made supplementary to the detailed arrangements described above. We require a $200.00 deposit to hold the date that you wish. Down payment is subtracted from final bill but is non-refundable in case of cancellation. The balance of the payment will be due the date of your function. The person making arrangements shall notify Aesop's Table of the number of people and menu selection the Friday before the function(No later than five days). No allowance or credit will be made for any decrease in the number served. By arrangement the guarantee may be increased but not decreased during the five day period.Service will start on the agreed time or a $30.00 charge per employee will be added to the bill.

Aesop's Table:_____ Accepted by:_____

919 Dale Ave. N. St Paul MN 55103

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