## Manteno Golf Club & Learning Center 7202 North 4000 E. Road Manteno, IL 60950

Phone: 815-468-8827 Fax: 815-468-0251 E-Mail: <u>Banquetmanager@mantenogolf.com</u>
The following is an agreement between the undersigned and Manteno Golf Club for the Use of the Banquet Facilities at MGC

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DATE	DAY		TIME		# OF GUESTS	
EVENT NAME			CONTACT NAME	1		
ADDRESS			CITY	STATE		ZIP
PHONE #	ALT. PHONE #		FAX		E-MAIL	
SIGNED CONTRACT DUE		DEPOSIT AMT.		DEPOSIT I	DUE	
DEPOSIT: A non-refundable deposit required 14 DAYS prior to your event card. If the event is cancelled between cancellation occurs less than 8 days for an event.  BAR / BEVERAGE: All persons conconsumed inside the building, and many time during the event. Obviously MGC find that a customer or guest hany minor to consume any alcoholic terminate the function entirely at the FOOD AND BEVERAGE: No Food MGC by the patron's guests.  NO OUTSIDE ALCOHOLIC BEVER leave. MGC will follow state and local permitted to consume alcoholic bever DECORATING: The patron is responsible of the next day.  SECURITY POLICY: Manteno Golf Content of the customers expense.  MGC SPECIFIC USE: Items to be seen permitted to make final paymer be paid in full in the form of cash, more incomposed in the customers of the prior of cash, more incomposed in the premises before, described in the prior of cash, more incomposed in the prior of the prior	t. Payment can be the 13th and 8 of the event, the assuming liquor of ay not be brought intoxicated guests brought any to (everyone must customer's expeore Beverages, vor	tal amount is required be made in the form of 8th day of the event, then full payment of the act on the premises must be not outside at any time. It is will not be served a type of alcohol onto the have a valid ID in their ense.  With the exception of ITIAL  BE BROUGHT ONTO  It to the sale and consult are performing their is eccorations such as centration. Customer is on ITIAL  It is the security for certical energy of the customer to set up an appoint event.  The energy of the customer is an event.  The event of the customer is an event of the customer is an of alcoholic beverage will be made should utile event during the term is and the Township of INIT one for all charges related the customer is and the Township of INIT one for all charges related the customer is and the Township of INIT one for all charges related the customer is and the Township of INIT one for all charges related the customer is and the Township of INIT one for all charges related the customer is and the Township of INIT one for all charges related the customer is an experience of the customer is and the Township of INIT one for all charges related the customer is an experience of the customer is and the Township of INIT one for all charges related the customer is an experience of the customer	cash, check, cashier's check may en you are responsible for 50% greed upon cost will be charged to e of legal age, as imposed by II MGC reserves the right to refusiny alcoholic beverages and if no premises without prior written a possession), MGC reserves the INITIAL a cake from a Bakery, will be THE PREMISES. Persons bring mption of alcoholic beverages. Expecific duties	confirm the cade out to I of the total . A \$300.0 linois State e service o e cessary, a approval by e right to cle permitted ging alcohologing to discussive to discussive trangement checks is, expressionses and a with use of negligence ustomer shall as and is not ess otherwises of the confirmation of the confirmatio	function space. Manteno Golf Cl event agreed u 0 deposit is nee e Law. All alcoho f liquor to any masked to leave the MGC manager ose the bar imme to be brought i ol onto the premals hired to work c rentals). There is be done after the ons for events the under separate of g to the customes is final details suts have been may agrees to indeal claims and liated assume full comply with all of immediately consists specified.	ub or major credit upon cost. If ded to reserve a date of the ded to the ded to reserve a date of the d
MGC BANQUET MANAGER:						
EVENT REPRESENTATIVE:						
REPRESENTATIVEV CONTACT INF	O: PHONE#		E-MAIL		1	
AMT. PAID:	DATE PAID:		METHOD OF PAY		CHECK/CC #:	