



## **PRIVATE PARTY AGREEMENT**

**THIS DOCUMENT SHALL SERVE AS A CONTRACT BETWEEN THE SARATOGA CITY TAVERN AND**

**NAME:**

**COMPANY NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**FAX:**

**EMAIL:**

### **FOR THE FOLLOWING PARTY**

**DATE:**

**TIME-START/FINISH:**

**TYPE OF EVENT:**

**GUEST COUNT (FINAL HEAD COUNT 7DAYS IN ADVANCE):**

**FLOOR RENTING: (\$100-\$300PER/HR TO RENT, DEPENDING ON SEASON):**

### **GUARANTEE**

**TO RENT ONE OF THE FLOORS AT THE SARATOGA CITY TAVERN THERE MUST BE A MINIMUM GUEST COUNT OF 25PPL AND A REQUIRED DEPOSIT OF \$200.00. THE DEPOSIT WILL SECURE THE ROOM AND WILL BE DEDUCTED OFF THE FINAL BILL.**

### **CANCELLATION POLICY**

**IN THE EVENT OF CANCELLATION, IT WILL BE NECESSARY TO CHARGE A CANCELLATION FEE OF YOUR DEPOSIT.**

**THE SIGNATURE OF PERSON BOOKING THE FUNCTION SPACE INDICATES THAT THE PERSON HAS READ AND AGREED TO TERMS OF THIS AGREEMENT AS OUTLINED ABOVE. PLEASE SEND**

**A MAILED COPY TO: SARATOGA CITY TAVERN 19-21 CAROLINE ST SARATOGA SPRINGS, NY  
12866**

**PRINT NAME OF PERSON BOOKING/RESPONSIBLE FOR PAYMENT:**

**SIGNATURE OF PERSON NAMED ABOVE:**

**CREDIT CARD NUMBER AND EXPIRATION FOR DEPOSIT:**

**PLEASE CALL 518.581.3230 FOR ANY ADDITIONAL INFORMATION**

**THANK YOU FOR CHOOSING THE SARATOGA CITY TAVERN**

**FITCH BROTHERS**