



FOUR SISTERS CATERING

7421 Callaghan Road ~ San Antonio, Texas 78229

(210) 349-4040 ~ (210) 349-2311 Fax

www.foursisterscatering.com

(Email) foursisterscater@aol.com

Event Contract

DATE OF EVENT _____

Email Address _____

NAME _____

ADDRESS _____

PHONE Home _____ Fax _____

Work _____ Cell _____

LOCATION OF EVENT _____

TYPE OF EVENT _____

TIME OF EVENT _____

NUMBER OF GUESTS _____

CAKE CUTTING (\$65.00) _____
(first 100 guests)

RENTALS (CHINA, GLASSWARE, SILVERWARE) YES NO

MENU: BUFFET OR SIT-DOWN DINNER

Deposit Requirements:

A 25% minimum deposit will be required along with a signed contract in order to hold your or Event date/ Wedding date. All payments received will be applied to your balance and are non-refundable.

Billing & Payment:

Fifty percent of the balance will be due 30 days prior to the event. Payment of the remaining balance will be due 14 days prior to the event date.

Service Charge & Sales Tax:

All prices are subject to a service charge and 8.125% sales tax.

Gratuity:

Each event will be subject to a 20% gratuity charge (for buffet). A \$75.00 minimum is required per server per hour if the amount falls below \$275.00. Each party must have two servers minimum at all times. A sit down dinner will require additional gratuity for additional servers..

Cake Cutting:

Our standard cake cutting fee is \$75.00. for the first 100 guests

Cancellation Policy:

All events cancelled less than 90 days from the event will be subject to a cancellation fee of 35% of the total billable amount of your contract.

Total Amount Before Deposit:_____

Amount of Deposit (Non- Refundable):_____

Balance:_____

*****50% of the balance is due 30 days before the event. The remaining balance is due 14 days before the event. Please feel free to make monthly payments. Any payment over \$500.00 must be in the form of a cashiers check or credit card.

*****After the number of guests is agreed upon and the contract is signed, the price per head cannot be changed; the cost for any additional people added to your guest list will be based on the per-head dollar amount of your original guest list count.

X _____
Signature of Client

X _____
Date

X _____
Signature of F.S.C.

X _____
Date

PAYMENT INVOICE

1. Date _____

Payment _____

Balance _____

4. Date _____

Payment _____

Balance _____

2. Date _____

Payment _____

Balance _____

5. Date _____

Payment _____

Balance _____

3. Date _____

Payment _____

Balance _____

6. Date _____

Payment _____

Balance _____