

# SHENANGO VALLEY CIVIC CENTER BANQUET INFORMATION AGREEMENT

Name \_\_\_\_\_ Date of Function \_\_\_\_\_  
Phone \_\_\_\_\_ Time of Function \_\_\_\_\_  
Number of Guests \_\_\_\_\_ Time Dinner Served \_\_\_\_\_  
Head Table \_\_\_\_\_ Colors \_\_\_\_\_  
Reserved Tables \_\_\_\_\_

## POLICIES

1. A \$300.00 deposit or \$2.00 per guest, which ever is greater, is required to reserve a function room at the Shenango Valley Civic Center. **A full credit towards another function will be made if notice of cancellation is given at least 90 days prior to the scheduled event...No Refund when canceled less than 90 days before event!**
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7. No one is allowed in the kitchen, behind the bars, or in the concession area other than SV Civic Center employees.
8. If any problem arises, see the manager and the situation will be resolved as quickly as possible.
9. There is a four hour limit for all parties with a minimum \$200.00 per hour after this limit.
10. The SV Civic Center shall not be liable for damage to or loss of any merchandise, samples, equipment, or any goods or personal property exhibited, displayed or left in any area of the SV Civic Center.
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Signed \_\_\_\_\_ Agent For \_\_\_\_\_  
Tax Exempt # \_\_\_\_\_
15. If a billing statement is needed prior to any function please contact us the day before the party.
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X \_\_\_\_\_ X \_\_\_\_\_  
Engager (Person Responsible) Banquet Manager  
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X \_\_\_\_\_  
Engager (Person Responsible)

X \_\_\_\_\_  
Banquet Manager

Date \_\_\_\_\_

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Name \_\_\_\_\_ Date of Function \_\_\_\_\_  
Phone \_\_\_\_\_ Time of Function \_\_\_\_\_  
Number of Guests \_\_\_\_\_ Time Dinner Served \_\_\_\_\_  
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Engager (Person Responsible) Banquet Manager  
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X \_\_\_\_\_  
Engager (Person Responsible)

X \_\_\_\_\_  
Banquet Manager

Date \_\_\_\_\_

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Phone \_\_\_\_\_ Time of Function \_\_\_\_\_  
Number of Guests \_\_\_\_\_ Time Dinner Served \_\_\_\_\_  
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Engager (Person Responsible) Banquet Manager  
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Engager (Person Responsible) Banquet Manager  
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X \_\_\_\_\_ X \_\_\_\_\_  
Engager (Person Responsible) Banquet Manager  
Date \_\_\_\_\_

# SHENANGO VALLEY CIVIC CENTER BANQUET INFORMATION AGREEMENT

Name \_\_\_\_\_ Date of Function \_\_\_\_\_  
Phone \_\_\_\_\_ Time of Function \_\_\_\_\_  
Number of Guests \_\_\_\_\_ Time Dinner Served \_\_\_\_\_  
Head Table \_\_\_\_\_ Colors \_\_\_\_\_  
Reserved Tables \_\_\_\_\_

## POLICIES

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2. Please give an approximate number when you book the facility. A guaranteed number of guests and final menu must be provided no less than 10 days prior to the scheduled function.
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Engager (Person Responsible)

X \_\_\_\_\_  
Banquet Manager

Date \_\_\_\_\_

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Phone \_\_\_\_\_ Time of Function \_\_\_\_\_  
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Phone \_\_\_\_\_ Time of Function \_\_\_\_\_  
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