



## GRADUATION PARTY POLICY AGREEMENT

NAME \_\_\_\_\_  
CONTACT # \_\_\_\_\_  
EMAIL \_\_\_\_\_

EVENT DATE \_\_\_\_\_  
EVENT TIME \_\_\_\_\_

**PLEASE READ CAREFULLY, SIGN, AND RETURN TO CONFIRM YOUR EVENT**

- **A \$500.00 NON-REFUNDABLE ROOM CHARGE** IS DUE WITHIN (3) DAYS OF SCHEDULING THE DATE IN THE FORM OF CASH, CHECK, OR CREDIT CARD IN ORDER TO RESERVE THE LARGE ROOM, PATIO & BOTH VOLLEYBALL COURTS FOR YOUR EVENT. CHECKS SHOULD BE MADE PAYABLE TO **TRAPPERS PIZZA PUB**. **\*THIS CHARGE DOES NOT COME OFF THE FINAL BILL\***
- THIS BOOKING INCLUDES USE OF THE LARGE ROOM, PATIO, USE OF BOTH VOLLEBALL COURTS, CORNHOLE BOARDS, KAN JAM, AND SPIKEBALL, WITH A MINIMUM OF **75 GUESTS**.
- A FINAL MENU IS DUE **14 DAYS** PRIOR TO YOUR EVENT AND HEADCOUNT IS DUE **14 DAYS** PRIOR TO THE EVENT DATE. **FAILURE TO DO SO MAY RESULT IN A LIMITED MENU**. IN THE INSTANCE YOUR EVENT GOES OVER THE ANTICIAPATED HEADCOUNT (**GREATER THAN 10% OF THE GIVEN HEADCOUNT**) AN OVERGAGE FEE WILL APPLY TO YOUR EVENT.
- TRAPPERS WILL PROVIDE PAPER PRODUCTS AND UTENSILS. ANY SPECIALTY DECORATIONS OR TABLE COVERINGS ARE THE RESPONSIBILITY OF THE PERSON(S) THROWING THE EVENT. **NO GLITTER OR CONFETTI** AS IT IS TOO DIFFICULT TO CLEAN UP
- WE WILL REQUIRE A CREDIT CARD ON FILE TO COVER FOR EXCESSIVE CLEANING, DAMAGES, OR LOSS TO THE BUSINESS.
- AN 8% SALES TAX AND 10% ADMINISTRATIVE FEE WILL BE ADDED TO THE TOTAL COST OF THE EVENT. **THE ADMINISTRATIVE FEE WILL NOT BE DISTRIBUTED AS A GRATUITY TO THE STAFF**. TIPS FOR GREAT SERVICE IS ALWAYS APPRECIATED!
- ANY SPECIAL REQUESTS OR ACCOMMODATIONS MUST BE SUBMITTED AT LEAST **2 WEEKS** PRIOR TO YOUR EVENT.
- PLEASE MAIL OR FAX FORM AND DEPOSIT TO:

**Trappers Pizza Pub**  
**ATT: Alex Szlamczynski**  
**5950 Butternut Drive**  
**E. Syracuse, NY 13057**  
**Or FAX: 315-438-4420**

I UNDERSTAND AND AGREE TO THE TERMS SET FORTH IN THIS AGREEMENT

DATE \_\_\_\_\_

(Signature) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### CREDIT CARD INFORMATION TO KEEP ON FILE:

NAME AS IT APPEARS ON CARD \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY

CODE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ I, \_\_\_\_\_ AGREE TO THE ABOVE

CREDIT CARD CHARGE & ACKNOWLEDGE THAT THIS CHARGE IS NON-REFUNDABLE/DOES NOT COME OFF MY FINAL BILL.