

CALIFORNIA CATERING *San Mateo*

RENTAL AGREEMENT

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Event Date _____ Occasion _____

Number of Guests _____ Arrival Time _____

Deposit Amount _____ Date Received _____
(Non-Refundable)

Food Item _____ \$ _____

Food Item _____ \$ _____

Food Item _____ \$ _____

Food Item _____ \$ _____

Food Item _____ \$ _____

Set-up/Clean up Fee _____ \$ _____

Miscellaneous Item _____ \$ _____

Above prices are good only for event date listed on this sheet and items listed above. Prices do not include an 18% gratuity and California state sales tax. Any change in date and/or items may result in the change of prices listed above.

PAYMENT REQUIREMENTS

A final count is required in our office one (1) week prior to the function. Your final amount due will be based on your final count, plus gratuity, sale tax and security charge added, less deposit and any additional pre-payments. Please have final payment in the form of a money order or cashiers check five (5) working days prior to your event.

I agree to the terms on this agreement and those listed in the general rental information.

Signature _____ Date: _____

CCSM Representative _____ Date: _____