



632 North Dearborn
Chicago, IL 60610
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Proposal

FUNCTION CONTRACT

Day of Function: Thursday Date of Function: 4/15/2010 Rep. Init. map 4/17/2009
Name of Organization: University of Chicago GSB Phone: 773-834-2048 (617) 733-2463
Contact: Shealyn Rentschler Wolfe Fax: _____
email address: Shealyn.
Address: 5807 South Woodlawn Avenue - Suite 122/ Chicago Illinois 60637
Nature of Function: Fundraiser
Room: Vision Sky 9 pm -1 am Time: _____
Number of Guests Expected: 300 Number of Guests 4/7/2010
Guaranteed: _____
Method of Payment: Balance Due Date of Event
Approval: _____

FOOD MENU / TIME: 10 - midnight		SET-UP COMPLETED BY: 7 pm	
Silver Hors D'oeuvre Package Vegetable Crudite w/herb dip Domestic Cheese board display & assorted crackers Choice Of: Buffalo Chicken Wings or Chicken Tenders Cheese Quesadillas or Mozzarella Sticks Deluxe Egg Rolls w/sweet chili sauce		10 - 6' Skirted Buffet Tables for auction on Deck/ Club Main 12' Skirted Buffet B&B Plates Check In Table on landing (2 chairs) CLIENT WILL ARRIVE AT 5 PM FOR SET UP ACE WILL PROVIDE A GC FOR AUCTION Writstbands for All - \$1500.00 Room Rental.	
		Entertainment/Special Order	
		PRICE	
		DJ & Light Tech @ \$250 hour Check In Staff 2 Wireless Microphone media presentation Client Credit Card Machine @ Main Bar - have xtra phone wire	
		Food & Beverage Charges	
BEVERAGE / TIME(S) 9 pm - 1 am		PRICE	
Call Bar Package @ \$31 per person		Based on 400 Silver Package @ \$17.95 4 Hour Call Bar Package @ 31.00 pp	
ALL ELSE CASH BAR		\$7,180.00 \$12,400.00	
Please run report for catering file!		Food & Beverage Sub Total 11.50% Tax (exempt) 20% Gratuity Food & Beverage Total	
		\$19,580.00 Exempt \$3,916.00 \$23,496.0	
		LESS DEPOSIT	
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WE MUST HAVE AN ATTENDANCE GUARANTEE 96 HOURS, 4 working days IN ADVANCE. YOU WILL BE CHARGED FOR THE GUARANTEE EVEN IF FEWER GUESTS ATTEND. If no guarantee is furnished to Ala Carte, the estimated attendance will suffice as the guarantee. IF THE GUARANTEE IS EXCEEDED THE CUSTOMER IS RESPONSIBLE FOR ADDITIONAL CHARGES.
I have read, accepted and signed the policy put forth on the reverse side of this contract and agree to the conditions above.

Accepted _____ Date _____ By _____