

I have read the above Bare Bones Banquet Policies.
My signature confirms my understanding of the
policies and verifies the arrangements as follows:

DATE OF PARTY: _____

TIME: _____

GROUP NAME:

REPRESENTATIVE:

PHONE #: _____

FAX #: _____

APPROX. # ATTENDING: _____

(Final number and menu required three (3) days prior to event.)

SIGNATURE (Representative):

You must fax this back to 410-465-9368

Or mail to
9150-22 Baltimore National Pike
Ellicott City, MD 21042