

# Sea Pines

G O L F R E S O R T

**Contact Name:** \* Kathy Kivley  
**Contact Phone Number:** \* 805-528-9379  
**Contact Email:** \* [kivley@losososcsd.org](mailto:kivley@losososcsd.org)  
**Date of Event:** \* 9/3/2015  
**Hours of Event:** \* 4:30-10pm  
**Estimated Guest Count:** \* 20-30  
**Guest Arrival Time:** \* 4:30  
**Event Location:** \* Conference and Meeting Room

## FOOD & BEVERAGE

	<u>COST</u>	<u>QTY</u>	<u>TOTAL</u>	<u>SERVICE TIME</u>
<b><u>Will break for Closed Session to the Meeting Room</u></b>				<b><u>6pm</u></b>

Will order off the menu.  
Ann will bring their choice to clubhouse before meeting starts  
**Do not interrupt meeting after delivery of food.**

## FACILITY RENTALS

Conference and Meeting Room	\$	<u>270.00</u>	<u>1</u>	\$ 270.00
Includes set up and clean up				
Use of tables chairs and table linens				
Set up will be the same as last month.				

***FACILITY RENTALS TOTAL:*** \$ 270.00

**Subtotal:** \$ 270.00

**Tax:** \$ 20.25

**Total:** \$ 290.25


**Deposit Due:** \$ 29.03                      **Paid:**

**Balance Due:** \$ 290.25

I have read and understand the above agreement. I understand the preliminary nature of this document and that it may change due to product & service costs as well as total guest counts. Minimum guest count must be received at least 7 days prior to the event date.  
**Cancellation:** Our cancellation policy is 30 days before your event date. If you cancel with in that 30 day this will forfeits your deposit.

I have read and understand the "Group Sales Contract" and agree to the Conditions therein.

Name of Client (Print) Kathy A. Kivley

Signature of Client: 

Date: 9/2/2015