

CAFE LAFOURCHE

DATE _____ DAY _____ ARRIVAL TIME _____

FUNCTION: _____ LOCATION: _____ GUARANTEED # OF PEOPLE: _____

ADDRESS: _____ PHONE: _____ FAX: _____

CONTACT: _____ BY: _____

MENUS READ:

HOW DID YOU HEAR ABOUT US?

WHAT TYPE OF TRANSPORTATION?

ROOM FEE:

++ / person

(++ - denotes 8.50% tax & 20% taxed gratuity will be added to prices)

SPECIAL INSTRUCTIONS:

PAYMENT WILL BE IN THE FORM OF: \$20.00 per person deposit. Cancellation Policy is as follows: Before 30 days - 100% refundable, 30-7 days - 50% refundable, 7 days prior to date - No Refund.

All information including terms, times, pricing and food/beverage menus listed above is correct and meets with approval. I am signing as an authorized representative of my company or group to confirm these arrangements.

Patron Signature / Date

Cafe Lafourche Representative
817 Bayou Rd. • Donaldsonville, LA 70346
225-473-7451