

THE BOATHOUSE RESTAURANT

2040 Harbor Island Drive San Diego CA 92101

tel 619.291.8011 fax 619.291.4822

BANQUET CONTRACT

Contact Name _____

Day / Date _____

Company _____

Time _____

Telephone _____

Type of Event _____

Fax/E-mail _____

of Guests _____

Address _____

Final Count* _____

City, State ZIP _____

Food & Beverage Minimum _____

Excluding Service Charges & Tax

Alcohol: Hosted _____

Room Fee \$ _____

No Host _____

Nest \$50 Cabin \$50 Marina \$150 Main \$200

This is a nonrefundable rental fee payable at the time the reservation is made. It is not a deposit toward the bill.

Wines: _____

Deposit \$ _____

The deposit is applied to the amount of the bill when paying for the banquet. A function must be cancelled at least 30 days in advance to receive a refund of the deposit. The deposit is separate from the room fee.

Corkage fee \$15.00, maximum 4 x 750ml bottles

Brunch Menu Lunch Menu 1 Lunch Menu 2 Dinner Menu 1 Dinner Menu 2 Dinner Menu 3

Appetizers:

Table Config: _____

1 _____ # _____

2 _____ # _____

3 _____ # _____

4 _____ # _____

5 _____ # _____

Notes: _____

Entrées:

1 _____

2 _____

3 _____

4 _____

Logo / Photo (.tiff or .bmp or .jpg) / Menu Verbage:

Email to: SDBoathouse@aol.com

Desserts: _____

Minimum Capacity Guidelines:

Nest Room 20-30 Cabin Room 30-50

Marina Room 50-85 Main Room 85-165

You are responsible for the minimum count received 48 hours prior to your event.

One check will be presented at conclusion of event to be paid in full at that time.
Gratuity is not included. 4% event service charge and sales tax will be added to check.

*Final guaranteed guest count is required 48 hours in advance
and will represent the minimum billing.

Signed: _____

Booked by: _____

Dated: _____

Dated: _____

By signing this contract, you agree to the terms and conditions contained in the general information section of the banquet packet.

2040 Harbor Island Drive
San Diego, CA 92101
tel. 619-291-8011



boathouserestaurant.com
Email: sdboathouse@aol.com
fax. 619-291-4822

HARBOR ISLAND
SAN DIEGO, CA

Credit Card Release Form

Card Number: _____

Expiration Date: _____

Type of Card: _____
(Please circle one) *MasterCard Visa American Express Discover*

Card Holder Name: _____

Billing Address: _____

Phone Number: _____

Drivers License Number: _____

State of Issuance: _____

Cardholder Signature: _____

I authorize the Boathouse Restaurant to manually run my credit card upon my verbal request for any payment or fees necessary.

Amount Paid: \$ _____

Notes: _____

Please check one: _____

Banquet Deposit
Name of Banquet: _____
Date & Time: _____
Number of Guests: _____

Guest Visit/Gift Certificate
Name of Reservation: _____
Date & Time of Reservation: _____
Mailing Address (Gift Certificate): _____

