

Patrizia's

OF BROOKLYN | ITALIAN TRADITION. FAMILY STYLE.

PRIVATE PARTY CONTRACT

EVENT & CLIENT INFORMATION

Client name: _____	Event date: _____
Phone: _____	Email: _____
Event type: _____	Guest count: _____
Start time: _____	End time: _____
Room / area: _____	Event contact: _____

MENU & PACKAGE

☐ Family Style Menu	☐ Premium Party Menu	☐ Brunch Menu - contact us for options
Adult price per person: \$ _____	Children's price: \$ _____	Minimum guest count: _____
Selected menu / package: _____		
Menu notes / dietary needs: _____		

PARTY ADD-ONS

Select	Add-on	Description	Price
☐	DJ	Music and event entertainment	\$ _____
☐	Karaoke	Hosted karaoke setup	\$ _____
☐	Ice Cream Bar	Build-your-own ice cream station	\$ _____
☐	Aperol Spritz Bar	Dedicated spritz station	\$ _____
☐	Homemade Mozzarella Bar	Fresh mozzarella made and served for guests	\$ _____
☐	Brunch Menu	Contact us for menu options and pricing	\$ _____
☐	Pasta Wheel Station	Tablesides or display pasta experience	\$ _____
☐	Antipasto Grazing Table	Italian meats, cheeses and accompaniments	\$ _____
☐	Dessert & Espresso Bar	Italian desserts with coffee service	\$ _____
☐	Photo Booth	Photo experience for guests	\$ _____
☐	Live Music / Saxophone	Live entertainment option	\$ _____
☐	Kids Entertainment	Magician, face painter or character visit	\$ _____

COMPLIMENTARY DECOR POLICY

No venue fee for client-provided balloons or flowers. All decor, outside vendors, setup times and removal plans must be approved in advance. The client is responsible for the cost of decor and vendor services.

PARTY CONTRACT - PAYMENT, POLICIES & APPROVAL

FINANCIAL SUMMARY

Item	Calculation / Notes	Amount
Adults	_____ guests x \$_____ per person	\$ _____
Children	_____ guests x \$_____ per person	\$ _____
Beverage package	_____	\$ _____
Party add-ons	_____	\$ _____
Room / event fee	_____	\$ _____
Subtotal		\$ _____
Sales tax	Rate: _____ %	\$ _____
Service charge / gratuity	Rate: _____ %	\$ _____
TOTAL EVENT PRICE		\$ _____
Deposit received	Date: _____ Method: _____	\$ _____
BALANCE DUE	Due date: _____	\$ _____

AGREED EVENT TERMS

1.	A deposit of \$_____ is required to reserve the event date. Deposit status: ☐ refundable ☐ nonrefundable ☐ transferable under the venue's written policy.	Initials: _____
2.	Final guest count and final menu selections are due _____ days before the event. The final bill may be based on the guaranteed count or actual attendance, whichever is greater, if initialed here: _____.	Initials: _____
3.	The remaining balance is due on _____. Accepted payment method(s): _____.	Initials: _____
4.	Any cancellation or rescheduling terms must be written here or attached and acknowledged by both parties: _____.	Initials: _____
5.	Event hours are those listed on page 1. Any extension or overtime must be approved by the venue and may result in an additional agreed charge.	Initials: _____
6.	Outside entertainment, decor and vendors require advance approval. Client is responsible for vendor conduct, timely removal and damage caused by the client, guests or hired vendors.	Initials: _____
7.	No venue fee is charged for client-provided balloons or flowers. The client remains responsible for purchasing, delivery, setup, removal and any outside-vendor charges.	Initials: _____
8.	Alcoholic beverages will be served only by authorized staff and only to guests of legal drinking age with valid identification. Service may be refused when required for safety or compliance.	Initials: _____
9.	Only the completed prices, selections, written policies and approved attachments incorporated into this contract are part of the final agreement. Changes must be confirmed in writing by both parties.	Initials: _____

CLIENT ACCEPTANCE	VENUE ACCEPTANCE
Printed name: _____	Representative: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Business template only. Review your venue's cancellation, deposit, insurance and alcohol-service policies before use.