

**DEPOSIT SHEET, PLEASE FILL OUT ALL APPLICABLE, SIGN & TURN IN TO
LEO'S BANQUET FACILITY**

NAME OR CONTACT _____ CO./ORG. _____

ADDRESS: _____ CITY _____

STATE _____ ZIP _____ HOME PHONE#: _____

WORK #: _____ OTHER # _____

CONTACTS: _____

CONT PHONE#: _____

[Brides Name/Grooms Name:] _____ :

DATE OF EVENT: ____ / ____ / ____ (CIRCLE DAY): M - T - W - TH - FR - SAT - SUN

TYPE OF FUNCTION: _____

SIGN ON DOOR READS = _____

NUMBER OF GUESTS: _____ PPL

ARRIVAL TIME: _____ AM / PM

SERVING TIME: _____ AM / PM

ENTERTAINMENT SCHEDULE: _____ TO: _____ AM / PM

AMOUNT OF DEPOSIT ENCLOSED: \$ _____ CASH / CHECK # _____

SIGNATURE: _____ DATE: _____

**I UNDERSTAND THAT ALL DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE
WITH THIS DEPOSIT MY FUNCTION FOR ABOVE DATE IS DEFINITELY BOOKED**

RECEIVED BY:



PLACE DEPOSIT PAYMENT HERE TO COPY

BANQUET WORK SHEET - LEO'S BANQUET FACILITY

To Help Plan & Price Your Special Function

Event date time & details _____	#PPL _____
Apps / soup / starters _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Entrée Menu _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Dessert / Bar Setups _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Room Notes / Rentals _____	\$ _____
_____	\$ _____
_____	\$ _____

Subtotal _____

Room Rental Fee Per Room
Linens Charge Of \$.65 Per Person. Specialty Linens ???
\$75.00 Cookie Traying Fee
Security \$ 20.00 Per Hour Per Officer
Any Night Event Overtime Rate \$ 350.00 An Hour

Tax & Service _____

Total _____