



26 Green Street – Newburyport – Massachusetts – 01950  
 Phone: 978.463.9009 Fax: 978.463.9007

Thank you for choosing Mission Oak Grill to host your event. Please help us provide you with our excellent service by filling out this form and faxing the information to the attention of Events Coordinator, at 978.463.9007. Please note that we do need this agreement completed and a deposit payment to guarantee your reservation.

Today's Date:	Date of Reservation:
Name:	Company:
Address:	Person Making Reservation:
Function:	Phone:
Email:	Fax:
Number of Guests:	On-site Contact Person:
Arrival / Seating Time:	Requested Room / Area:
Audio / Visual:	Special Request / Instructions:
MENU: Bronze _____ Silver _____ Gold _____	
Other _____ Clambake _____	

**Guest Guarantee Policy:** A guaranteed guest count for **WEDDING RECEPTIONS** is required **30 days prior to the event date**. If no guarantee is received and agreed upon, the number of guests expected will be considered the guaranteed number. Payment: Mission Oak Grill must receive a good faith \$500.00 deposit to guarantee the reservation date. This deposit is **non-refundable**. Events booked more than eight months in advance require an additional 20% of the estimated total paid six months prior to the function. Final payment is due on the day of the event. Mission Oak Grill accepts cash, credit cards and traveler's checks. We do accept company checks, however, we require a letter of authorization, on company letterhead. We do not accept personal checks. Deposit/Cancellation Policy: All cancellations must be made at least **120 days (Wedding Receptions)** prior to the event. The initial \$500.00 deposit and any other payments made are non refundable. A 6% refund fee applies to all credit card transactions. Cancellations must be made directly with the Functions Manager. Liability: **Mission Oak Grill is not responsible for loss or damage to any property brought into or left in the restaurant by clients and/or its guests.**

Mission Oak Grill accepts CASH - VISA - MASTERCARD - DISCOVER - TRAVELER'S CHECK

Type of Credit Card:	Name on Card:
Credit Card #:	Exp. Date:
MOG Authorization:	Date:
PLEASE PRINT NAME:	
Guest Signature:	