

## **Event information**

Event date:	-	Account Name	e			
Type of function				Total C	Count	
Time of event		То				
Contact information						
Name of Contact					will be present	Yes/No
Host of event					will be present	Yes/No
Telephone number			Fax Nu	ımber		
Receipt requested Y	ceipt requested Yes/No			Fax itemized receipt to		
Party Information						
Please circle one	Crown	Room (30)		Chefs	Room (14)	
<del>-</del>			7 \$75 rental fee LCD projector \$150 rental fee Projection Screen \$25 rental fee			
Water for the table:	San Pe	lligrino Sparkliı	ng, Panna	ı, Filtere	ed Tap	
Raw Bar Selections/	Appetizei	rs to start and s	share			
Shrimp Cocktail	Clams Oysters			Tuna Sashimi		
Garlic Bread	Spinach Artichoke dip			Calamari Crab Cake		
Credit card Authoriz	zation					
I hereby authorize Ma	x's Taver	n to charge my	credit car	d for pa	nyment of my even	nt on
I also authorize Max's	Tavern t	o charge the bal	ance on t	his card	if I am unable to	attend this event.
Card type Visa	MC	Amex				
Card Number				exp da	te	
Name						
Address						
City		State			Zip	
Signature				Date_		

Max's Tavern | Phone (413)746-6299 | Fax(413) 746-5559