

# NEW PLYMOUTH SENIOR CENTER

## BUILDING RENTAL POLICY

- No smoking, No Alcohol on the Premises.
- No decorations furnished.
- No confetti allowed for decorations.
- All garbage needs to be thrown into dumpster out back.
- All floors need to be free of debris.
- Please do not let persons jump on the furniture.
- No eating in sitting area.
- The TV & DVD player & Sound System must be set up/operated by a Board member.
- Responsible for broken or damaged NPSC property.

Sincerely,  
New Plymouth  
Senior Citizens, INC.

# CATERED EVENT AGREEMENT

New Plymouth Senior Center  
126 N. Plymouth Ave.  
P.O. Box 506  
New Plymouth, ID 83655  
208-278-5320

Entrée: \_\_\_\_\_

Potato Choice: Baked    Mashed w/Gravy    Scalloped    Re-Baked    Rice

Vegetable: \_\_\_\_\_

Bread: Roll    or    French Bread

Salad:    Individual Salads    or    Salad Bar

Dessert:    Individual Dessert    or    Dessert Bar

Condiments: \_\_\_\_\_

Beverages include ---- Coffee, Iced Tea, Lemonade, Punch, Choice of Soda

Date of Event: \_\_\_\_\_ Time dinner is to be served: \_\_\_\_\_

Head Table needed? Yes No    How many to be seated at Head Table? \_\_\_\_\_

Estimated number of dinners: \_\_\_\_\_

Date for final head count: \_\_\_\_\_

Table color preference: \_\_\_\_\_

Meeting? Yes No Meeting Time: \_\_\_\_\_ Microphone needed? Yes No

Cost per person: \_\_\_\_\_ Cost per catered event: \_\_\_\_\_

Gratuity \_\_\_\_\_ %

Deposit amount for catered dinner: \_\_\_\_\_ Date paid: \_\_\_\_\_

The final head count must be given two days prior to the event. This will be your total charge unless more people come in at the last minute, then the charge will be per person added to the final head count given.

Name of Company or Organization: \_\_\_\_\_

Company or Organization Representative Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Person Hiring the Senior Center to prepare functions food -

Phone Number: \_\_\_\_\_

CATERED EVENT AGREEMENT

Special Request: \_\_\_\_\_

Center Representative Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Person Hiring the Center: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Company or Organization Representative Signature: \_\_\_\_\_

Name of Company or Organization: \_\_\_\_\_

Given:

more people come in at the restaurant than the change will be per person added in the final head count.

I do final head count must be given two days prior to the event. This will be your total change unless

Deposit amount for catered dinner: \_\_\_\_\_

Deposit paid: \_\_\_\_\_

Gratuity: \_\_\_\_\_

Cost per person: \_\_\_\_\_

Cost per covered guest: \_\_\_\_\_

Meeting? Yes No Meeting time: \_\_\_\_\_

Meeting? Yes No Meeting time: \_\_\_\_\_

Table color preference: \_\_\_\_\_

Date for final head count: \_\_\_\_\_

Estimated number of diners: \_\_\_\_\_

Head table needed? Yes No How many to be seated at Head table? \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time dinner is to be served: \_\_\_\_\_

Beverages include --- Coffee, Tea, Lemonade, Punch, Choice of Soft

Combinations:

Dessert: Individual Dessert or Dessert Bar

Salads: Individual Salads or Salad Bar

Bread: Kofu or French Bread

Vegetables:

Polito Choice: Baked, Marinated w/Onion, Soft-Poached, Roasted, Risotto

Entrees:

Entrees: