

For In-House Events Email:
oscar@chrismadrids.com

Or Fax: 210-598-9109

EVENT DAY AND DATE:

START TIME:	END TIME:	NORTH	SOUTH	NORTH & SOUTH
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TYPE OF EVENT:	EXPECTED # OF GUESTS:
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CONTACT NAME:

EMAIL:

COMPANY NAME:	PHONE NUMBER:
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MAILING ADDRESS:

AMOUNT OF DEPOSIT:

<p>THE FOLLOWING AUTHORIZATION IS REQUIRED AS FORMAL CONFIRMATION FOR THE ABOVE RESERVATION.</p> <p>I, _____ authorize Chris Madrids' to charge the aforementioned deposit to the following credit card: MASTERCARD VISA</p> <p>CARD NUMBER: _____</p> <p>EXPIRATION (MM/YY): _____</p> <p>CARD HOLDER NAME (print clearly): _____</p> <p>I further understand that the charge may be posted to my account within 24 hours and that the deposit is non-refundable.</p> <p>CANCELLATIONS: Cancellations prior to 30 days of the event shall result in the full deposit amount being issued in restaurant credit. Cancellations within 30 days of the event shall result in a full forfeiture of the deposit.</p> <p>Authorized Signature: _____</p> <p>Date: _____</p> <p>Will this also be the form of payment used for the event balance? _____</p>
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Chris Madrids

**HOLLYWOOD & BLANCO
SAN ANTONIO, TEXAS**

EVENT DEPOSIT

**Chris Madrids' Credit Card
Deposit Authorization**

