For in-house events, please email:

events@chrismadrids.com

(Or fax: 210-598-9109)

| EVENT DAY AND DATE: |
|---|
| START END GATHERING PLACE NORTH GATHERING PLACE SOUTH GATHERING PLACE SOUTH GATHERING PLACE SOUTH NORTH & SOUTH |
| OFF-SITE CATERING ADDRESS: |
| TYPE OF EVENT: EXPECTED # OF GUESTS: |
| CONTACT NAME: |
| EMAIL: |
| COMPANY NAME: PHONE NUMBER: |
| MAILING ADDRESS: |
| AMOUNT OF DEPOSIT: |
| THE FOLLOWING AUTHORIZATION IS REQUIRED AS FORMAL CONFIRMATION FOR THE ABOVE RESERVATION. I, authorize Chris Madrids' to charge the aforementioned deposit to the following credit card: MASTERCARD VISA CARD NUMBER: EXPIRATION (MM/YY): CVV: CARD HOLDER NAME (print clearly): I further understand that the charge may be posted to my account within 24 hours and that the deposit is non-refundable. 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. |
| Authorized Signature: Date: |
| Will this also be the form of payment used for the event balance? |



EVENT DEPOSIT

Chris Madrids' Credit Card Deposit Authorization