



Harbor Golf Club and Resort's

Catering and Event Contract

Group Name:-----

Contact Person:----- email address-----

Address:-----

----- Postal Code:-----

Phone:----- Business:----- Fax:-----

Event Date: (s)----- Number of Guests:-----

Time of Meals: Breakfast----- Lunch----- Dinner-----

Will Groups Be Tabbing all Liquor during Meals? Yes----- No-----

Catering requests:

Customer Signature:----- Date:-----

Resort Signature:----- Date:-----

*Harbor Golf Club and Resort requires a guaranteed meal count 72 hours in advance.
Please note that the minimum 15% gratuity and taxes will be added to all function bills.
Prices are subject to change without notice.*

Deposit: Credit Card _____ Number:----- Expiry Date: -----
Cheque:

Thanks for choosing Harbor Golf Club and Resort for your event.