



# SCHEDULING REQUEST AGREEMENT

## CLIENT INFORMATION

Client's Name:
Organization / Company Name:
Phone Number:
Email Address:
Billing Address:

## SPECIAL EVENT INFORMATION

Requested Date(s):		Day(s) of the Week:	
Pre-Access Time:	Event Start Time:	Event End Time:	Post-Access Time:
Name of Event:			
Anticipated Number of Adults:	Anticipated Number of Children:	Total Number of Anticipated Guests:	
Type of Event: <input type="checkbox"/> Corporate <input type="checkbox"/> Anniversary <input type="checkbox"/> Birthday <input type="checkbox"/> Wedding <input type="checkbox"/> Rehearsal Dinner <input type="checkbox"/> Class Reunion <input type="checkbox"/> Other (provide description): _____			
Event Location: <input type="checkbox"/> Old Well Patio <input type="checkbox"/> The Finishing Room <input type="checkbox"/> Mercantile Dining Room <input type="checkbox"/> Bourbon Bar <input type="checkbox"/> Hosiery Mill Pub			
AV and Event Equipment: <input type="checkbox"/> Microphone <input type="checkbox"/> Podium <input type="checkbox"/> Projector <input type="checkbox"/> Projection Screen <input type="checkbox"/> Speakers <input type="checkbox"/> Dance Floor (indicate desired size): _____			
Requested Linens: <input type="checkbox"/> No Additional Linen Needed <input type="checkbox"/> Rounds for 48" Guest Tables    Qty: _____    Color: _____ <input type="checkbox"/> Rounds for 60" Guest Tables    Qty: _____    Color: _____ <input type="checkbox"/> Rectangle for Buffet or Display    Qty: _____    Color: _____ <input type="checkbox"/> Additional (provide description)    Qty: _____    Color: _____ <input type="checkbox"/> Additional (provide description)    Qty: _____    Color: _____			

**Please indicate beverage and food options on reverse side.**

1467 N. Main Street / PO Box 1400 / Mt. Pleasant, NC 28124

Phone: 704-436-2050

www.73andmain.com

## FOOD AND BEVERAGE SELECTION

Appetizer Station(s) Selections:

Butlered Hors d'oeuvres Selections:

Buffet Option A / \$17 Menu

Salad:

Vegetable:

Starch:

Protein:

Buffet Option B / \$14 Menu

Salad:

Side:

Protein:

Sit Down Dinner \$20 Menu Option

12 ounce Prime Sirloin; Chicken with Mushroom Demi Glaze; Fish and Chips; Fire Roasted Veggie Pesto Pasta  
Served with mixed green salad, red skin mashed potatoes & dinner rolls with whipped butter.

Sit Down Dinner \$25 Menu Option

12 ounce Prime Rib; Bone-In Pork Chop; Crab Stuffed Trout; Tortellini with Vodka Sauce  
Served with mixed green salad, red skin mashed potatoes & dinner rolls with whipped butter.

Sit Down Dinner \$30 Menu Option

8 ounce Filet; Pecan Encrusted Salmon; Tortellini with Shrimp; 20 ounce Bone-In Pork Chop  
Served with mixed green salad, red skin mashed potatoes & dinner rolls with whipped butter.

Sit Down Dinner \$40 Menu Option

8 ounce Filet with Jumbo Lump Crab Cake; Cowboy Cut Bone-In Ribeye;  
Halibut with Butter Poached Jumbo Lump Crab Meat; Crab Stuffed Bone-In Pork Chop;  
Cioppino—Mussels, Crab Meat, Shrimp, and Calamari tossed in Fresh Linguini with a Seafood Marinara  
Served with mixed green salad, red skin mashed potatoes & dinner rolls with whipped butter.

Non-Alcoholic Beverages:

Fresh Brewed Coffee

Iced Tea

Soft Drinks (Assorted selection)

Bar Service and Alcoholic Beverages:

Serving Times: \_\_\_\_\_ to \_\_\_\_\_

Bar Service Fee (per bar arranged for the event)

Cash Bar

Host Sponsored Open Full Bar—Standard

Host Sponsored Open Full Bar—Premium

Host Sponsored Open Bar Wine & Beer—Standard

Host Sponsored Open Bar Wine & Beer—Premium

## REQUIRED SIGNATURES

**I have read and understand the Special Events Information fact sheet. My signature below acknowledges that I have completed and indicated my request for a reservation and the associated services detailed on this Scheduling Request Agreement form. I have also reviewed the Financial Summary form. I understand that my date will not be considered secured until the 73 & Main Representative has received and signed this form and has collected my \$500 nonrefundable deposit. I agree to provide a CONFIRMED number of guests and final payment to 73 & Main at least seven calendar days before my event. If not, I understand that my event will be subject to cancellation.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

73 & Main Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_