

HAVE YOUR PRIVATE EVENT WITH US

Telephone Number: (630) 613-1250

CHEF: MICHEL MAX
RESTAURANT MANAGER: ASHLEY MULLIGAN



Please Note: Your event is NOT confirmed until we receive this form and credit card authorization form signed and completed.

Please email back to amulligan@glenprairie.com or fax to (630)629-0025

Event Name	
Company	
Address	
Host's Name	
Phone	
Email	
Day/Date Of Event	
Time	
Est. Num. Of People	

- A Minimum in food and beverage revenue is required to reserve our private dining room. We can accommodate a maximum 40 people.
 - 10-14 Guest Require \$30.00 Per Person Min
 - 15-30 Guest Require \$25.00 Per Person Min
- Time periods available are Wednesday thru Saturday from 4pm – 10pm, Sunday 10am-8pm
- There is a \$100.00 additional labor charge to remove or add a different style of table to the PDR.
- **We request that you confirm your menu selection a minimum of 7 days prior to your event.**
 - 10-14 Guest
 - Can Choose Off The Regular Menu Or Create A Special Menu
 - 15-30 Guest Must Create A Special Menu, everything is priced a la carte
 - Choose up to 3 Appetizers, 3 Salads, 6 Entrees From Our Regular Menu
- **We do require a confirmed number of guests 3 days prior to the event.** This is the minimum amount of guests you will be charged for. If more guests attend then you will be charged for the total amount of guests. If we do not hear from you with a confirmed number of guests 3 days before your event, your initial estimate will be considered to be your guarantee.
- Applicable Illinois Sales Tax & 22% gratuity will be added to the final bill.
- An outside cake may be brought in as long as it's from a commercial bakery (no homemade items due to Health Department regulations). There will be a charge of \$1.50 per person cake cutting fee.

My signature below will act as my acknowledgement of all of the conditions, as well as authorization to charge any cancellation fees to the below credit card.

Signature: _____ Date: _____

Crowne Plaza Glen Ellyn Lombard

1250 Roosevelt Rd.
Glen Ellyn, IL 60137
(630)629-6000 Telephone
(630)629-0025 Fax

CREDIT CARD AUTHORIZATION

Card Holder's Name _____

Card Number _____

Exp. Date _____

Security Code _____

___Amex ___MC ___Visa ___Discovery

Name on Credit Card _____

Company Card or Personal

Company Name _____

Telephone Number _____

I, _____, hereby authorize the Crowne Plaza Glen Ellyn-Lombard
to hold my credit card number as a guarantee that I will honor my reservation.
Should I have to cancel less than 7 days prior to my event or reschedule 14 days prior to my event, I
understand and agree that there will be a \$50.00 cancellation fee charged to my credit card.
I agree that tax and 22% gratuity will be added to my bill.

Authorized Signature

Date

A READABLE COPY OF THE CREDIT CARD FRONT AND BACK MUST ACCOMPANY THIS FORM