



Fine Indian Cuisine  
794 Route 46 West, Parsippany, NJ 07054  
Ph: 973-396-8070 Fax: 973-396-8069

## Private Party Contract

This is a contract for service and agreement to pay for services in accordance with the terms set forth herein, between The Pakwaan Restaurant

Name ( customer) \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Day \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
Evening \_\_\_\_\_ Email Address \_\_\_\_\_

For the following event;

Date of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_  
Starting Time of the event: \_\_\_\_\_ Ending Time of Event: \_\_\_\_\_  
Estimated Numbers of Guest: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Menu: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food and Beverage  
Price Per Person \_\_\_\_\_ Numbers of Estimated Guest \_\_\_\_\_  
7% tax 18% Gratuity

**FINAL HEAD COUNT** of all adults and children must be provided by 1 week prior to your event. This number of people will be charged for the final bill

Deposit\_30% (non refundable) \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Credit Card \_\_\_\_\_  
Exp Date \_\_\_\_\_  
Signed Customer \_\_\_\_\_  
Estimated Subtotal \_\_\_\_\_  
Signed ( PAKWAAN ) \_\_\_\_\_  
Signed (Customer) \_\_\_\_\_