



HILL COUNTRY CATTLEWOMEN

Contract for Meals Monthly Meeting Luncheon

Caterer or Restaurant: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

DATE OF MEETING: _____

HCCW MEETING CONTACT: _____ (made
arrangements for luncheon)

APPROXIMATE NUMBER OF GUESTS/MEALS: 45 . (caterer will be
contacted with exact number of attendees ___(7) days before meeting

COST OF LUNCHEON: _____: \$20 per person inclusive of
Gratuity. *501(c)(6) organizations are not exempt from sales tax on
lunch.

ANY OTHER CHARGERS: \$ _____

Explanation of additional charges _____

(HCCW agrees to pay the above amount of total cost per person for the
number of meals reserved and will not accept any changes to this agreement
unless written consent of the change is given)

Caterer's signature: _____