

Cave City Convention Center
P.O. Box 518
Cave City, KY 42127

Organization/Event: _____
Date of Event _____
Contact _____
Phone: _____ Alternate: _____
Fax: _____

Address _____

Tax Exempt # _____

Tax exempt certification is only applicable on Kentucky State Sales Tax. Local taxes do not apply.

Estimate of Facility Charges:

Facility Rental Room _____ Fee _____
Other Charges _____
Deposit Required: _____

A deposit of 1/2 of the rental fee is due upon signing of the contract. Cancellations less than 60 days prior to the event will result in a forfeit of the deposit.

All account balances are due the day of the event unless prior arrangements have been made.

Guarantees are required 7 days in advance on all catered functions. All food services are subject to a 15% service charge, 1% local tax, and a 6% state sales tax.

Any damages to the facility by the client or the client's guests are the sole responsibility of the client.

The Cave City Convention center agrees to provide the services described on the event planner and the client agrees to provide menu selections, guarantees and payments.

The client has been furnished with a copy of the Policies and Planning Guidelines.

In order to confirm your date, a deposit and signed contract must be received by _____.

Accepted and Agreed to:

Organization

Name & Title

Date _____

Accepted and Agreed to:

Cave City Convention Center

Name & Title Director

Name & Title

Date _____