



444 N. LaSalle
Chicago, IL 60654
Phone 312-222-6200
Fax 312-527-3762
www.englishchicago.com

RESERVATION AGREEMENT

CONTACT NAME	
GROUP/RESO NAME	
PHONE	
EMAIL	
DATE OF EVENT	
TIME OF EVENT	
# OF GUESTS	
MINIMUM CHARGE	

Cancellation Policy

60 days in advance: No charge
< 60 days in advance: Full minimum charge (less deposit where applicable)

Changes to guest count and/or food orders must be made 14 days in advance

A credit card is required to secure your reservation. Payment of the final bill is due in full at the end of the event payable in cash, by credit card or company check. 11% tax and 20% service charge will apply where applicable. The Minimum Charge includes food and beverage - note that service charges, tax and incidentals are additional. Reserved space will be released 20 minutes after confirmed time of reservation if at least half of party has not arrived to occupy the space. Guests are limited to seating reserved for this group and may not occupy seating in other areas.

Charges will be based on the greater of the confirmed number of guests or actual number of guests served. All guests must be 21 years of age and have proper identification. ENGLISH reserves the right to refuse entry to anyone without proper identification.

English

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ENGLISH reserves the right to refuse alcoholic beverages to any guest who may become intoxicated. ENGLISH is not responsible for lost or stolen items. The customer is responsible for any property damages or other damages incurred as the result of the event.

Additional gratuity may be applied to events requiring catering, set-up and break-down. ENGLISH will not be held liable for any food borne illnesses or illness related to off-site catering or food brought to ENGLISH from the customer or an outside source. No signage, balloons, or other decorations will be permitted without pre-approval from ENGLISH. Contract terms are subject to change.

I agree to the above terms, authorize ENGLISH to charge the following credit card according to the details above and guarantee full payment of said charges:

CREDIT CARD TYPE	
CARD NUMBER	
CARD EXPIRATION	
CARDHOLDER NAME	
BILLING ADDRESS	
PHONE NUMBER	

Cardholder Signature

Date

Customer Signature (if different from cardholder)

Date

Authorized Signature from Establishment

Date