



Lisa's Mexican Restaurant

815 Bandera Road - San Antonio, TX 78228

Phone: 210-433-2531 Fax: 210-433-1757

Private Room Reservation Cletus Room, Stage and Mosaico Bar Reservation Terms and Conditions

RESERVATION FEE

- The required reservation fee is a maximum of \$150.00 to reserve the private room or semi-private area. The reservation fee will not apply towards your final check and is non-refundable.
- The private room or semi-private area is reserved for a maximum of 3 hours

GUEST COUNT

- A guaranteed final guest count is required seven (7) days prior to the event. Only an additional 5 people over the final guest count will be guaranteed.
- You will be charged the quoted price per person for each "no-show" that was included in your guaranteed final guest count.
- Food WILL NOT be served TO-GO for no-shows and CAN NOT be credited to another event.

MENU SELECTION

- Dinner plates must be selected from the banquet menu.
- We recommend you select one dinner plate for the expected excellent and efficient customer service.
2 dinner plate options for parties of 25 guest or less
1 dinner plate options for parties over 30 guests
- Menu selection is required seven (7) days before your event

ADDITIONAL FEES

- Service Fee will apply for private events that includes the gratuity.
- 8.25% state sales tax will be added to the final check

SPECIAL PRIVATE EVENT SET UP- optional

- Private or semi-private dining can be decorated with table linens and linen napkins in banquet style with the color of your choice.
- The center table will be decorated with votives and a small flower arrangement.
- A special menu with your meal selections and a personalized message will be printed.
\$ 85.00 set up fee for parties of 40 or less
\$ 110.00 set up fee for parties of 41 to 50 guests
\$ 140.00 set up fee for parties of 51 to 65 guest

PARTY CAKE

- If you choose to bring your own cake, please bring disposable plates and forks to use.
- We also provide full cake service for your own cake that include plates, forks and cutting service
\$ 20 cake service fee for parties of 25 or less
\$ 30 cake service fee for parties of over 26 to 35 guests
\$ 40 cake service fee for parties of over 36 to 45 guests
\$ 50 cake service fee for parties of 46 to 55 guests

PROJECTOR AND SCREEN IN PRIVATE ROOM

- \$55 fee applies for the use of the projector and screen. A \$20 fee applies for screen use only

FUL SERVICE BAR

- All alcohol must be purchased through Lisa's Mexican Restaurant
- Minors are not allowed to drink on premises

GENERAL TERMS:

- Attaching anything to the walls or ceiling is prohibited and any damages will be charged to the customer. Confetti is NOT allowed.
- DJs or any form of "live" music must be approved by management
- Prices are subject to change and are guaranteed on a ninety-day basis

I _____ understand and accept the terms and conditions. Initials _____

Private Dining Reservation Contract

DATE OF EVENT: _____ EVENT TIME: _____

NOTES

TYPE OF FUNCTION: _____

NAME ON RESERVATION: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

GUEST COUNT

GUARANTEED GUEST COUNT: _____ Final guest count is required 7 days prior to the event by: _____
DATE

MENU SELECTION

2 dinner plate options for parties of 25 guest or less - 1 dinner plate options for parties over 30 guests

1. _____ PRICE \$ _____ excluding tax and gratuity
2. _____ PRICE \$ _____ excluding tax and gratuity
3. _____ PRICE \$ _____ excluding tax and gratuity

MENU MESSAGE _____

TABLE SET UP AND ARRANGEMENTS

Please note that a Set up Charge will Apply

AREA RESERVED: _____

LINENS COLOR _____ NAPKINS COLOR _____

GIFT TABLE CAKE TABLE

DESSERT SELECTION

CAKE SERVICE CHARGE: _____

Client declines the cake service and understands to bring disposable plates and forks: _____
initial

BAR SELECTION

SEPARATE ALCOHOL CHECKS _____ DRINKS PER PERSON BY HOST _____

**The undersigned agrees to the contract and accepts full responsibility for all charges incurred at the event.
The undersigned agrees that the required reservation deposit is non-refundable.**

RESPONSIBLE PARTY _____ DATE _____

MANAGER _____ DATE _____

FOR OFFICE USE ONLY- DEPOSITS

RESERVATION DEPOSIT: \$ _____ DATE PAID: _____

SET UP FEE: \$ _____ DATE PAID: _____

PROJECTOR FEE: \$ _____ DATE PAID: _____