## SEATING CHART

NAME				
DATE				
TYPE OF FUNCTION				
ROOM				
PLEASE INDICATE THE NUM	MBER OF GUES	TS SEATED AT EACH	ΓABLE	
	MUSIC	:	#3	
# <u>1</u> 2 #2		#1		
	D A			
#14 #4	N C E	#5	#15	
#16	F L O	#7		
	O R		#17	BAR
#18 #8		#11 #9		
#20		#11 #9		
#10			KITCHEN ENTRANCE	
		() ()		
		ICE CREAM SUNDAE BA	R	

ALL TABLES WILL SEAT 8-12 PEOPLE. 2 TABLES WILL SEAT 13 & 2 TABLES WILL SEAT 14. DO NOT SEAT MORE THAN 10 PEOPLE AT TABLES 3, 7, 8, 15, 17 AND 18.

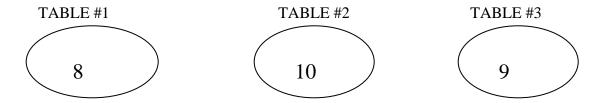
PLEASE CALL ON THURSDAY,	WITH AN EST	IMATED HEAD
COUNT. THEN, PLEASE CALL ON	THURSDAY,	WITH YOUR FINAL
HEAD COUNT BROKEN DOWN BY	ADULTS, CHILDREN & VENDORS.	YOUR FINAL
APPOINTMENT WILL BE ON	AT	_ AM/PM
(SET UP TIME) TO RETURN TO TH	IE PRIMAVERA WITH THE FOLLOWI	NG:

- A. YOUR SEATING CHART FILLED IN WITH THE NUMBER OF GUESTS SEATED AT EACH TABLE. PLEASE INDICATE ANY SPECIAL ITEMS SUCH AS HIGH CHAIRS OR WHEELCHAIRS.
- B. YOUR SEATING CARDS IN <u>ALPHABETICAL ORDER</u> (NOT ACCORDING TO TABLE ASSIGNMENT), AND A SEPARATE <u>GUEST LIST</u> IN ALPHABETICL ORDER INDICATING TABLE ASSIGNMENTS.
- C. YOUR FAVORS PLACED IN BOXES WITH YOUR NAME, DATE AND THE TIME OF YOUR FUNCTION CLEARLY MARKED ON EACH BOX.
- D. ANY OTHER ITEMS PERTAINING TO YOUR SPECIAL DAY. (FOR EXAMPLE, CAKE TOP, TOASTING GLASSES, PICTURES OR CAMERAS FOR THE TABLES.) ALSO BOXED AND CLEARLY MARKED.
- E. FINAL PAYMENT BY EITHER CASH, CERTIFIED OR BANKCHECK. NO PERSONAL CHECKS OR CREDIT CARDS WILL BE ACCEPTED ON FINAL PAYMENTS.

SAMPLE GUEST LIST:	TABLE #
ADAMS, MR. & MRS. JOHN	2
ADAMS, MS. CINDY & GUEST	A
BAKER, MR. TOM & GUEST	1

## **SEATING CHART:**

FILL IN THE TOTAL NUMBER OF GUESTS TO BE SEATED AT EACH TABLE INSIDE EACH TABLE DIAGRAM ON THE CHART, AS FOLLOWS:



IF YOU HAVE FAVORS TO BE PLACED ON EACH TABLE, INDICATE THE AMOUNT OF FAVORS BY FILLING IN THE SMALL CIRCLE ON THE OUTSIDE OF EACH TABLE DIAGRAM AS FOLLOWS:

