

Montage Contact and Reservation Form

Montage Café, 527 South Broadway Greenville, OH 45331, 937-548-1950 Montagecafe@woh.rr.com

Company Name: _____ Contact Person: _____

Phone Number: _____ Fax Number: _____

Group Name: _____ Date of Tour: _____

Number in Group: _____ Time of Meal: _____

Cost per person _____

A 50% deposit is required to hold the date that you are requesting. I understand that The Montage Cafe will not hold the date without a 50% deposit. Upon completion of the meal the remaining 50% will be paid. I realize that if I cancel this visit less than three weeks prior to the above date, that I will forfeit my deposit as a cancellation fee.

I agree that I am responsible for payment for the number of guests reserved unless otherwise changed prior to arrival.

Two Complimentary Meals will be given if group is 33 or more.

As the representative of _____ (Tours), I understand and agree to all of the information above and the terms provided.

Name: _____

Date: _____