



FANTASY FEST BOOKING CONTRACT 2010

Thank you for choosing Kelly's Caribbean for this year's Fantasy Fest Parade & Private Viewing Party! We appreciate your business and look forward to working with you! If you have any questions concerning the event, please feel free to contact us using the following information: Kelly's Caribbean Bar, Grille, & Brewery 301 Whitehead Street, Key West, FL, 33040. Contact Sheila Tillman P: (305) 293-8484 x11 E: kellykeyw@aol.com This reservation form is for the Fantasy Fest private parade viewing with a buffet meal and open bar (well liquor drinks, house wine and domestic beer) starting 1/2 hr before the parade begins and lasting for 3 hours. The price is based upon seating location secured (see below) INCLUSIVE of tax and service fee. There will be seating on the sidewalk, cocktail table seating located above street level, and table seating inside with a/c and overhead fans with access to outdoor veranda. Table seating may include seats for multiple reservations. Tables will be assigned and reserved by management prior to arrival. All locations have a view of the passing parade route.

Doors will open & Sidewalk Seat selection will begin at 6pm, Saturday October 30th 2010.

Reserving Party (this is the name your reservation & tickets are held under): _____

Total Number of People: _____

Seat Preference: _____

Seating Options: Sidewalk \$90 EACH Cocktail Table \$105 EACH Indoors \$90 EACH

Contact Person: _____

Contact Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Confirmation/Event Policies & Cancellation Policy

- Tables will be reserved at the time of booking. Sidewalk seating will also be reserved at the time of booking, however the physical sidewalk seats will be chosen by the reserving parties upon arrival on a first come basis. We will hand out seat reserved signs to be filled out and placed on the seat of your choice upon arrival for all sidewalk seating.
- Included Open bar will begin at 6pm and close at 9pm. Beverages not included in the open bar are available on a cash basis, as are any beverages before the open bar begins or after the open bar concludes. Buffet will open from 6:30--7:30
- Inclement Weather: There are no refunds due to inclement weather unless the parade is cancelled by the *Key West Tourist Development Association, Inc*
- Any changes in the reservation (i.e. number of guests, reservation time, etc.) must be received by phone or fax no later than 72 hours prior to the date of the event (Oct 20 at 6pm).
- Your payment will be billed to the below authorized credit card. No refunds given within 72 hours of the event date.
- All above fees are per person and INCLUDE local & state tax along with an assessed service fee.
- Please provide the required photo copy of the credit card and a corresponding Photo Id. The card and ID MUST be the same individual signing and agreeing to the terms, policies and services listed & outlined.
- The full amount will be billed to the authorized credit card account below with the signing of this contract to insure and confirm your party's reservation. This amount is FULLY refundable if:
You notify Kelly's Caribbean no later than 72 hours in advance with the cancellation of your party's reservation.
You must confirm your cancellation via fax or email to kellykeyw@aol.com or fax 305-296-0047, and get a written receipt that your cancellation was received from Kelly's. *Failure to attend or notify Kelly's Caribbean within the aforementioned timeframe will result in **no** credit being applied to the authorized credit card account below.

I, the undersigned, hereby understand and agree to the aforementioned policies, pricing & cancellation policy.

I agree to and authorize the use of the included credit card information for the confirmation & booking stated above.

Client Signature: x _____

Date: x _____



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Client/Authorized Representative Signature: x _____ Date: x _____

Reserving Party (this is the name your reservation & tickets are held under): _____

Name (as it appears on the card): _____

Visa MasterCard American Express Discover Diner's Club

Credit Card Billing Address: _____

Phone: _____ Fax: _____

E-Mail: _____

CARD NUMBER _____

Expiration Date: _____

Authorized Signature of Cardholder: _____

***PLEASE REMEMBER TO ATTACH PHOTOCOPY OF CARD & ID
Your personal information will not be sold or shared.