



501 E. 9<sup>th</sup> Street  
Little Rock, AR 72201

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## **Clark Dining Room Contract**

### **The following is a list of guidelines and policies:**

1. The Clark Dining Room is available during regular business hours, Tuesday – Sunday, 11:00 a.m. – 2:00 p.m. for private events or groups up to 40 guests. There is a nominal fee to use the room based on the number of guests. It is \$50 for 25 or fewer, \$100.00 for 26 – 40. This fee covers our expenses to open the room.
2. Groups of 15 or less can order off the regular menu & have separate checks (if needed) with a reservation. Groups of 15 or more need to make selections from the party menu. A 20% gratuity is added to groups of 5 or more.
3. Groups of 12 or less may be asked to move to the dining room if a larger group requests the Clark Dining Room for the same day. To avoid this change, an additional, non-refundable fee of \$100.00 is required to guarantee the space and must be paid at the time of booking. The \$100.00 will be applied to the final bill.
4. Food selection & guaranteed final count is required *no later than 7 days* prior to the event! You may increase your count up to 36 hours prior to the event date but not decrease.
5. We provide square tables, chairs, china, flatware, and glasses. Linens are available for an additional fee.
6. Convenient free parking on MacArthur Circle and entrance through our patio. Handicap entrance is available.
7. No burning candles are allowed in the Arkansas Arts Center/Best Impressions.

### **Terms of Payment and Cancellation:**

- Payment in full is due on the day of the event. We accept cash, personal/company checks and major credit cards.
- Cancellation by the client within 14 days of the event by no fault of Best Impressions Restaurant will result in a penalty of 50% of the entire balance due. Cancellation by the client within 7 days of the event by no fault of Best Impressions Restaurant will result in a penalty of 100% of the entire balance due.

Event Date: \_\_\_\_\_ Approximate Numbers of Guests: \_\_\_\_\_

Time of Function: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign & return to Best Impressions Restaurant!