

**The Willows Restaurant**  
901 Hausten Street  
Honolulu, HI 96826  
(808) 952-9200  
(808) 952-0050 fax  
www.willowshawaii.com

### **Deposit / Policy Form for Off-premise Catering Events**

Please take the time to read this important form. Please contact the Catering Department if you have any questions.

1. All reservations will remain tentative until this form has been filled out completely and returned to the catering department, along with required deposit. The initial deposit is 50% of the estimated total cost. The remaining balance will be due no later than 2 weeks prior to the date of the event. See your catering representative for the exact date.
2. All catering deposits are **non-refundable**. Deposits will not be returned upon cancellation of your event for any reason. Deposits will be applied to your final payment.
3. Late payments of fees and charges due are subject to late payment and interest charges not to exceed the maximum rate permitted by law.
4. In the event of any missing items or damage to catering equipment, the cost to replace such items and damages will be charged to the guest.
5. A confirmed menu, labor, and equipment requirement should be received by the catering office no later than 2 weeks prior to the date of the event. You will be charged for the confirmed menu, labor, and equipment requirement. Once confirmed, the menu, labor, and equipment requirement is not subject to reduction.
6. All prices are subject to 18% service charge and 4.166% Hawaii State Tax.
7. All excess food will be packed and given to the customer at the end of the function.
8. The Willows will not tolerate any type of violent, threatening, and / or intimidating behavior. Guest agrees to conduct the event in an orderly manner in full compliance with applicable laws, regulations and rules. Guest assumes full responsibility for the conduct of all persons in attendance at the event and for any damage done to any part of the Willows equipment during any time the premises are under the control of the guest, invitees, employees or independent contractors employed by the guest. Should such actions occur, the Willows reserves the right to terminate services at any time. No discounts or refunds will apply.
9. The Willows will not be held liable for failure to carry out arrangements that are beyond its control including, but not limited to, strikes, labor disputes, accidents, government requisitions, restrictions or regulations on travel, acts of war or acts of God. Upon return of customer's deposit, in no way will the Willows be held liable for consequential damages of any nature for any reason whatsoever.
10. The State of Hawaii Liquor Commission has strict laws that require the Willows to obtain a separate catering liquor permit for the specific location of the off-site function. It also has strict laws that prohibit removal of any liquor off the premises of the said location. Therefore, all alcoholic beverages must not be taken off the function's location at any time. The Willows will not be responsible for any violations of the State of Hawaii Liquor Commission's rules and laws committed by the guest, invitees, employees or independent contractors employed by the guest.

11. In the event the Willows is required to institute any legal action to collect any sums due hereunder or to enforce performance of any of the terms or provisions of this agreement, the guest agrees to pay such reasonable attorney's fees as the court shall award.
12. It is understood and agreed that this contract constitutes the entire agreement of the parties and that all other promises, representations, whether written or verbal, express or implied are superseded by this contract. No changes in or additions to this agreement shall be valid unless made in writing and signed by both parties.

ACCEPTED & APPROVED:

Guest's Name _____	Catering Manager _____
Signature _____	Signature _____
Date _____	Date _____

Please fill in the following information: (See your catering representative if you have any questions)

Name of Function: _____	Payment Type: _____
Date of Function: _____	Name on Credit Card: _____
Deposit Amount: _____	Credit Card Type: _____
Remaining Balance: _____	Credit Card Number: _____
Balance Due On: _____	Expiration Date: _____

For Willows Catering Department use only:

Deposit Amount: _____	Remaining Balance: _____
Date Received: _____	Date Received: _____
Log Book Number: _____	Log Book Number: _____
Received By: _____	Received By: _____