



Signature Events

DEPOSIT CONTRACT

I agree to the terms and conditions of the Signature Events Deposit Contract contained within the Signature Events Packet.

Group Name

Date of Function Number of Guests

Arrival Time Departure Time

Type of Function:

During the actual event, who will be the contact person if we have questions?

Name Cell Phone

- Room Reservation Deposit \$500 SHERIDAN ROOM
 \$250 MARSHALL ROOM
 \$250 GREENE ROOM

Check your method of payment:

Cash Master Card VISA American Express Check /Check Number

I authorize Lightfoot to charge the following amount to my credit card \$

Name of Card Holder as it appears on your Credit Card

Signature

Card Number Expiration Date 3 or 4 digit code

Address
Street City State Zip Code

Phone # Fax # Cell #

E-Mail Address

By a Duly Authorized Agent of

**I agree to all the terms and conditions in the Signature Events Packet;
including cancellation fees and event payments.**

Due to the historic nature of our property, the Greene and Marshall Rooms are only accessible by stairs.

Signature

Please Print Name Date

The completed form may be emailed to Carrie@LightfootRestaurant.com or faxed to the fax number shown below.



LIGHTFOOTRESTAURANT.COM
11 North King Street Leesburg, Virginia 20176
PHONE 703-771-2233 FAX 703-771-4129

