



TACOMA DOME HOTEL
MEETING SPACE CONTRACT

Best Western Plus Tacoma Dome Hotel
2611 East E Street
Tacoma, WA 98421

Company Name:	
Event Name:	
Contact:	
Telephone:	
E-mail:	
Address:	

CONTACT VENUE FOR OFFICIAL CONTRACT:
SALES COORDINATOR: SAMANTHA GRAHAM
GROUPS@TACOMADOMEHOTEL.COM
253-373-7737

May 1st, 2018

Today's

ROOM RESERVATIONS

DATE	SET-UP	ROOM	# OF GUESTS	RENTAL FEE

Best Western Plus Tacoma Dome Hotel reserves the right to reassign specific function space. Times listed are agreed by both parties and are not guaranteed to be held on a 24-hour hold.

Client Initial: _____

METHOD OF PAYMENT

METHOD OF PAYMENT FOR MEETING SPACE	Credit Card- For All Banquet Charges
SMOKING POLICY	Best Western Plus Tacoma Dome Hotel is a 100% non-smoking hotel. A charge of \$250.00 plus tax per night will be charged to anyone who is smoking in their room or on the premises.

Client Initial: _____

FOOD & BEVERAGE POLICY

Due to licensing requirements and quality control issues – all food, alcoholic and non-alcoholic beverages served on the hotel property must be supplied and prepared by the hotel. If guests bring in any outside food, alcohol, or non-alcoholic beverages into the hotel banquet facilities, not prepared by Best Western Plus Tacoma Dome Hotel this event may be cancelled at will by hotel management or may be subject to a \$500.00 penalty fee. Health regulations prohibits removal of food from hotel premises. All banquet charges are subject to an 18% service charge and sales tax. Food and sales taxes are subject to change without notice.

Client Initial: _____

BILLING ARRANGMENTS

PAYMENTS: To place a hold on your event space, a \$250 deposit will be due at the signing of this contract. This deposit is non-refundable but may be applied to another event that takes place within 3 months of the event stated above. A valid credit card is required at the time of signing and the hotel will authorize the credit card a week prior to your event for the full estimated cost. Cash, credit cards, and cashier's checks are acceptable forms of payment. No personal checks are accepted. Only clients who have established an active direct billing account with the hotel will be exempt from providing a credit card and deposit.

Client Initial: _____

MEETING ROOM CANCELLATION POLICY

Should cancellation occur after the date of signature, client will pay the Best Western Plus Tacoma Dome Hotel the following amount based on the estimated total agreed in this contract and the banquet event check/order (BEO).

Notification of Cancellation	Percentage of Total
0-14 days prior to scheduled event	100% (of last confirmed BEO)
15-30 days prior to scheduled event	75% (of last of confirmed BEO)
31-50 days prior to scheduled event	50% (of last confirmed BEO)
51+ days prior to scheduled event	Deposit Only

Payment due as a result of cancellation of this contract shall be made by client at the time the contract is cancelled.

Client Initial: _____

FORCE MAJEURE

The performance of this agreement by either party is subject to acts of God, government authority, disaster, strikes or civil disorders any of which make it illegal or impossible to provide the facilities and/or services for your meeting. This agreement may be terminated for any one or more of such reasons by written notice from one party to the other without liability.

Client Initial: _____

INDEMNIFICATION

Each party hereby agrees to indemnify, defend, and hold the other harmless from any loss, liability, cost or damages arising from actual or threatened claims or causes of action resulting from the gross negligence or intentional misconduct of such party or its respective officers, directors, employees, and agents, such as individuals are acting within the scope of their employment or agency, as applicable.

Client Initial: _____

SIGNATURE

This contract, with exhibits attached (if any), constitutes the entire agreement between the parties and may not be amended or changed unless done so in writing signed by the hotel representative and client. The undersigned represents that they are authorized to sign, and enter this contract. In the event this agreement is executed by a third party on behalf of client, the attached joinder and consent to agreement must be executed by the client. If such joinder is not received by the hotel on or before the contract due date set forth on page one of this agreement, the hotel shall have the option to terminate this agreement and all applicable cancellation and related fees shall be paid by you (client) to hotel within 10 days thereafter.

ACCEPTED AND AGREED TO BY:

Name:	<p>CONTACT VENUE FOR OFFICIAL CONTRACT: SALES COORDINATOR: SAMANTHA GRAHAM GROUPS@TACOMADOMEHOTEL.COM 253-373-7737</p>	
Title:		
Date:		
Signature:		