



Group Dining Agreement

- *Organization/Company Name:
*Contact Person Name:
*Contact Person Address:
*Contact Person Phone #1: Phone #2:
*Contact Person Email Address:
*Requested Date:
*Requested Restaurant Location #1:
*Requested Restaurant Location #2 (in case first choice is not available):
*Requested Event Time:
*Estimated Number of Guests:

Where did you learn about Applebee's Group Dining?

*Available Packages – Minimum 25 people

Lunch TakeAway Package - \$11 pp includes chips, bottled water, dessert, tax and gratuity. Available only until 4 p.m.

Lunch Dine In Package - \$15 pp includes soft drink, tea or coffee, dessert, tax and gratuity. Available only until 4 p.m.

Dinner Dine In Package - \$20 pp includes appetizer, soft drink, tea or coffee, dessert, tax and gratuity.

Dinner Dine In Package - \$24 pp for Steak includes appetizer, soft drink, tea or coffee, dessert, tax and gratuity.

Special Requests/Notes:

RESTAURANT USE ONLY - Enter quantities if provided

LUNCH TAKEAWAY:

Rollup

Oriental Salad

Caesar Salad

Turkey Sandwich

LUNCH DINE IN:

Burger

Tenders

Caesar Salad

DINNER:

Chicken & Shrimp

Cavatappi

Steak

➤ Note that some dates and times may not be available at every location. We will do our best to accommodate and/or provide an alternate nearby restaurant if one is not available during your requested dates/times.

➤ Restaurant managers will do their best to seat groups together but for some larger groups or during peak dining hours seating may need to be split.

➤ Group Dining outlined in this agreement is available only at participating Applebee's locations in Upstate NY, Northern PA and Connecticut.

Booking and Cancellation Policies

- An estimated head count must be provided to the restaurant contact one (1) week in advance of the event date.
- A final head count must be provided 72 hours prior to the event and this will be the total number of meals the group is charged for.
- A 50% cancellation fee will be charged for groups that cancel their event with less than 72 hours' notice or do not show up. The 50% fee will be calculated on the last documented head count provided by the organization.

Name of Restaurant General Manager:

Signature of Restaurant General Manager:

Location:

Date:

Name of Organization/Company Representative:

Signature of Organization/Company Representative:

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this agreement.

Date:

**All asterisk items are required*