CBG Event Booking Confirmation

CONTINENTAL – Beer Garden	
1901 Fort Myer Drive	
(corner of 19 th St. & N. Moore St)	
Arlington, VA 22209	
Katie Smith, General Manager	
katie@continentalpoollounge.com	
Tue - Sat, 3:30 pm – 11pm	
(703) 465-7675 (o)	
(703) 861-3165 (m)	
Event Name:	
Event Contact:	
Event Contact at Event:	
Event Date:	
Start/End Time:	
Number of Guests:(C)(C)	Email:
Reservation Commitment Details:	
o Benches: \$550+	\$
 Beer Garden OTHER: (Please note minimum spe 	•
CANCELLATION POLICY:	
If you should choose to cancel, please speak to a manager at Continental at least two weeks in advance. Cancellations made	
within 10 business days of the event are subject to a penalty of \$400.00 or 50% of your food total for catered events	
(initial) In the event of a rain/weather closure there is no pe	
RESERVATION AGREEMENT:	·
I (we) agree to the cancellation policy listed above(initial	al)
I (we) agree to rent the private room or tables described above from Continental for the date and time I have chosen, in	
accordance with the following conditions: I (we) agree that (
property. If such damage occurs, I (we) agree to reimburse C	
I (we) will pay the balance due at the end of the event unless prior written arrangements have been made with Continental	
management. (initial)* Sorry, we do not accept personal checks.	
All guests in attendance must be 21 years of age or older, unless accompanied by a parent or guardian(initial)	
I (we) understand that no outside food or drink may be brought into CBG without the express permission of management.	
(initial) Only employees of CBG will be permitted to work the	event covered by this agreement(initial)
COVID-19 POLICY: If mandated, CBG will enforce all state and local guidelines regarding disinfecting, distancing, group	
size and mask utilization by staff and guests. If required by state or local governments, we ask that all guests provide and	
wear a mask when outside of reserved area(initial) I (we) agree that any person invited to this event that is	
experiencing symptoms of covid-19 (cough, headache, shortness of breath, fever, etc.), has had exposure to a positive covid-	
19 case in the last 10 days or has traveled abroad in the last	14 days will be advised to stay home(initial).
I AM GUARANTEEING MY RESERVATION WITH THE CREDIT CA	ARD NUMBER AND SIGNATURE LISTED BELOW. I UNDERSTAND
THAT I AM NOT OBLIGATED TO USE THIS PARTICULAR CREDIT	Γ CARD WHEN PAYING MY FINAL BILL AT THE EVENT'S END
(initial)	
Credit Card Information: Required in order to secure reservation.	
Card Number	Expiration Date/
Authorized Signature	
Authorized Signature Please read over your contract. If everything is satisfactory, please sign and date below.	
Continental	Customer
XDate:	X Date: