



Private Party Room Deposit Form

Date of Event: _____ Function Name: _____

Form of Payment for Deposit: **Cash** / **Check** / **Credit Card**

Card Type: _____ Card #: _____

Expiration: _____ Name on Card: _____

Cardholder's Signature: _____

This form is used to hold the private party room at Dierdorf and Hart's. The above named cardholder's account will be debited \$200.00 if they do not honor the terms of this obligation. The service rendered will be the holding of said private room for their sole use on the specified date. Forfeiture of the entire deposit will occur without 48 hours prior notice to the event.

******Please include a facsimile copy
of the front and back of the credit card.******

Fax: (314) 878-9056