



Drop Off: Central Wasatch Commission Tuesday, January 12, 2027 [Lunch Day #1]

EVENT CONTRACT

ACCOUNT: Central Wasatch Commission

CONTACT: Sam Kilpack

EMAIL: samantha@cwc.utah.gov

PHONE:

SALES MANAGER: Janessa Cottrell

EMAIL: janessac@hearth-hill.com

PHONE: 435-800-2870

REFERENCE ID: 63618755

EVENT SUMMARY

Date	Time	Location	Event Type	Guests
1/12/2027	12:00 pm	Hill's Kitchen Park City	Lunch	200

SPECIAL INSTRUCTIONS

Pick Up Instructions:

Include all serving utensils and signage as needed

FOOD

Qty		Price	Total
200	<u>Full Sandwich Boxed Lunch</u> <i>priced per person // includes utensils</i>	\$21.00	\$4,200.00

choice of 3 sandwiches:

(70) Smoked Turkey BLT

turkey, applewood smoked bacon, green leaf lettuce, red onion
tomato, basil pesto aioli, multigrain bread

(70) Chicken Salad Sandwich

roasted chicken, cranberries, grapes, croissant

(60) Grilled Chicken Caesar Wrap

romaine lettuce, herb croutons, parmesan

Side:

Housemade Chips

Chocolate Chip Cookie

BEVERAGE

Qty		Price	Total
	<u>Beverages</u>		
200	Beverage Station Non Alcoholic Beverages - Coke, Diet Coke, Sprite & Sparkling Water	\$4.00	\$800.00

ADDITIONAL CHARGES

Qty		Price	Total
	<u>Disposables</u>		
	<i>None</i>		

	Total
Beverage	\$800.00
Food	\$4,200.00
Subtotal	\$5,000.00
Catering Gratuity (2) Drivers	\$450.00
Delivery Fee	\$35.00
Culinary Service Fee 2.0%	\$84.00
Event Handling Fee - Waived if Paid Via Check/ACH	\$0.00
Sales Tax - Tax Exempt	\$0.00
Grand Total	\$5,569.00
Deposit	Unpaid \$2,784.50
Estimated Amount Due	\$5,569.00



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TERMS AND CONDITIONS

The menu items and prices listed are subject to change. We will provide prompt notice if a price changes (up or down) after a contract is signed.

A guaranteed number of guests is due 10 days prior to the event. Menu change requests cannot be guaranteed within 10 days of the event.

You will be charged for the guaranteed number of guests given or the actual number in attendance, whichever is greater.

Based on your agreement, you will be billed for a minimum of guests.

For orders less than \$1,000, a deposit of 25% is due upon contract execution. For orders equal to or greater than \$1,000, a deposit of 50% is due upon contract execution. At this point your order will be confirmed. Note that half of this deposit is non-refundable. The other half is refundable only if the event is canceled at least 30 days prior to the event.

If your event runs past the allotted time, you may be subject to a price increase (for our extra staff pay).

Hill's Kitchen is happy to accommodate any dietary restrictions and allergies in the event that these restrictions are disclosed at the time of booking. Hill's Kitchen is not responsible for any non-disclosed restrictions.

Neither Hill's Kitchen nor any of its associates or affiliates shall be held responsible or liable for any personal injury or property loss.

Credit card payments are subject to a 3.5% event handling fee. Timely payment by check is NOT subject to a event handling fee.

A 2% fee applied to food, removable upon request, will be added to your check for the benefit of our non-tipped hourly kitchen associates. They and we thank you for your consideration! The family owners separately pay for health, retirement and other employee benefits.

****15% CONVENIENCE FEE ADDED FOR ORDERS WITHIN 5 BUSINESS DAYS OF EVENT****

Payment will be due at the end of the event unless other arrangements have been made in advance and agreed to in writing. Late payments shall be subject to an interest charge at the annual rate of 18%.

Checks can be made out to:

Hill's Kitchen

Attn: Events Department

1153 Center Drive Suite G160

Park City, UT 84098

Client Signature

Due to current market conditions, pricing may change based on our vendor cost fluctuations. We will provide immediate notice to you, the client.



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12, 2027

CREDIT CARD AUTHORIZATION

ACCOUNT: Central Wasatch Commission

CONTACT: Sam Kilpack

EMAIL: samantha@cw.utah.gov

PHONE:

SALES MANAGER: Janessa Cottrell

EMAIL: janessac@hearth-hill.com

PHONE: 435-800-2870

REFERENCE ID: 63618755

Credit Card Authorization Form

Credit Card Type:	
Name on Credit Card:	
Credit Card Number:	Security Code:
Expiration Date:	
Credit Card Billing Address:	
I understand that by signing this Credit Card Authorization form that this credit card will be charged in accordance with our terms.	
Cardholder's Signature:	
Print Name:	
Date:	