

Garden of Eden
tea salon & dessert parlor
Special Function Request
Questions, please call 706-769-0024

Date of Event _____ Day of the Week _____
Start Time of Event _____ End Time _____ Set up Time _____
Party Planner's Name _____ Phone (Home) _____
Address _____
City/State/Zip _____ Phone (Cell/Work) _____
Cell Phone _____ Email address _____
Guest of Honor's Name _____
Type of Event: Birthday Baby Shower Bridal Shower Others
Estimated number of guests _____ (min 12, max 30)
Package Menu:
 Birthday Party \$ _____ /per person + tax + gratuity
 Baby Shower \$ _____ /per person + tax + gratuity
 Bridal Shower \$ _____ /per person + tax + gratuity
 Other set menu* \$ _____ /per person + tax + gratuity
*Specialty Menu: _____

Specialty Cake type (flavor, icing colors, fillings, etc.) _____
Additional charges _____
Invitations _____ (# if needed) Thank you notes _____
(# if needed) Place cards _____
Party Favors _____ Specialty Chocolates _____
Deposit amount: _____ Date received: _____
Confirmation sent (date) _____ Guaranteed number _____ (72 hrs. prior)
Confirmed by: _____ Date _____
Subtotal _____ Tax _____ Gratuity _____ Total _____

All food and beverage charges are subject to a service charge and a 7% Georgia sales tax.