ZAMBISTRO

2026-2027 ONSITE ROOM FEES & CONTRACT PAGE 1

Private Dining Room Monday- Thursday 5 Hours (11-4) $200 (5-10) $300

Private Dining Room Friday- Saturday 5 Hours (11-4, 5-10) $500

Private Dining Room Sunday 5 Hours (11-4, 5-10) $750

$500 Food & Beverage Minimum on Fridays & Saturdays (11-4)

$1000 Food & Beverage Minimum on Fridays, Saturdays (5-10)

$1000 Food & Beverage Minimum on Sundays & Holidays

Rooftop Rental Monday- Thursday 5 Hours (11-4) $500 (5-10) $750

Rooftop Rental Friday- Sunday 5 Hours (11-4) $750 (5-10) $1000

$750 Food & Beverage Minimum on Thursdays

$1500 Food & Beverage Min. on Fridays, Saturdays, Sundays & Holidays

Bar Room Rental Monday- Wednesday 5 Hours (11-4, 5-10) $200

Bar Room Rental Thursday 5 Hours (11-4, 5-10) $500

Bar Room Rental Friday- Saturday 5 Hours (11-4) $350 (5-10) $750

Bar Room Rental Sunday 5 Hours (11-4, 5-10) $1000

$500 Food & Beverage Minimum on Thursdays

$1000 Food & Beverage Min. on Fridays, Saturdays, Sundays & Holidays

NAME/ SIGNATURE **DATE**

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ONSITE CONTRACT PAGE 2

8% Tax & 22% Service Charge Added to Final Bill

Room Fees Are Not Deposits Taken Off Your Final Bill

Final Guest Counts Needed Seven Days Prior to Event

No Outside Food or Beverage is Allowed

Cakes Purchased from Licensed Bakery Allowed. Cutting Fees Apply

Food & Beverage Minimums are Pre Tax & Gratuity

Return contract together with your room fee. If we do not receive the required reservation fee and signed letter, we reserve the right to release the space for the date outlined below. If you are tax exempt, please submit form with contract.

In the event there is a cancelation no refund or credit is given.

Food & Beverage Minimums Apply

ROOM TYPE DATE/TIME

NAME/ SIGNATURE DATE

PHONE NUMBER/ EMAIL TYPE OF EVENT

ZAMBISTRO

408 MAIN STREET MEDINA, NY 14103

585 798 2433 EVENTS@ZAMBISTRO.COM

CREDIT CARD AUTHORIZATION FORM FOR ROOM FEE PAYMENT

DATE AUTHORIZED: _____

AMOUNT AUTHORIZED: $_____

NAME ON CARD _____

NAME OF PERSON AUTHORIZING _____

SIGNATURE OF PERSON AUTHORIZING _____

_____ _____ _____

CREDIT CARD NUMBER EXPIRATION DATE

_____ _____ _____

TYPE OF CARD BILLING ZIP CODE 3 OR 4 DIGIT CODE