



BANQUET CONTRACT

Party Name: _____ Date/Day of Event _____

Guest Contact: _____ Phone Number: _____

Cell Phone: _____ Fax Number: _____

Guest Count: _____ Team Member Booking: _____ Date: _____

Guests Arrive: _____ Appetizers Served: _____

Food Served: _____ Dessert Served: _____ Event Ends: _____

SPECIAL INSTRUCTIONS: Please check the following Choices.

Individual Plate Service: **Buffet Service:** (Please select two entrees from the banquet menu)

Mint Pie: **Tiramisu:** **House appetizers:** **Johnny's specialties:**

BAR OPTIONS:

No Host Bar: **Host All:** **Host Beer & Wine:** **Host\$ _____ Amount:**

- Each will be served with our Famous Caesar Salad and House Foccacia Bread.
- Your Choice of Breath Mint Pie or Tiramisu can be added for an additional \$2.50.
- If selecting Buffet Service, please list your two entrée choices below.

1. _____

2. _____

ROOM GUIDELINES

- | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. Our private Room holds Up to 45 guests. | 10. Dessert may be brought in (\$25.00 cake fee will be added.) |
| 2. A 72-hour cancellation notice is mandatory. | 11. Please, no confetti. |
| 3. A credit card number will be needed to hold the room. | 12. Please, no posters, tape, tacks or holes in the walls or doors. |
| 4. A \$25.00 Room Charge is required Sunday through Thursday. | 13. Please, no outside Alcohol |
| 5. A \$50.00 Room Charge is required Friday and Saturday. | 14. Wine is o.k. (\$10 corkage fee) |
| 6. A \$100.00 Room Charge is required for parties of 20 or less on Friday and Saturday nights | 15. Please, no under age drinking |
| 7. All Food and non-alcoholic beverages will be on one check. | 16. Please, no smoking. |
| 8. All alcohol will be on one check, <u>no cash and carry please</u> | 17. Music is okay (personal stereo). |
| 9. Guests may decorate the room for the event | 18. There will be a 2 ½ hour tune limit for all events |
| | 19. <u>A 50% deposit or credit card # is needed to hold room</u> |

Guest Signature: _____ Print: _____ Date: _____

FORM OF PAYMENT: _____

(Credit card #, expiration date, name on account)

PLEASE SIGN AND FAX TO (707) 836-8365, PLEASE CALL TO CONFIRM THE FAX (707) 836-8300