FUNCTION BOOKING FORM

Thank you for choosing Pasta Amore for your upcoming function. Please fill out this form and mail, fax or email using the contact information.

Event Name:		
Event Date:	Time:	Estimated # of Guests
Type of Function:		
Contact Name:		
Email Address:		
Telephone:	Cell:	Fax:
Meal Options:		
gluten free and vegan choice	·	ct the function manager for further menu options including to the function manager ahead of your event, and inform fore your event.
Beverages:		
We have an extensive list of for choices.	beverages that are available to b	be served at your event. Please refer to the function menu
Guarantee:		
	te of your event. The final bill will	ving space and a final guarantee must be given at least two be based on the guarantee number. If your final count is
Gratuity & Tax:		
An 18% gratuity and 6.25% s	state meals tax will be added to a	ıll bills.
Name (please print):		Date:
Signature:		



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