La Bella Vita AUTENTICA CUCINA ITALIANA	Private Dining Contract
Event Date & Time:	Primary Contact:
Contact Phone:	Contact Email:
Event Name:	
Room: \Box Bar (seats up to 20) \Box V	/enetian (seats up to 50)
Approximate Guest Count: [Adult Childre	en] Gluten-Free/Vegan: 🛛 Yes, 🗆 No
Alcohol Service: Open bar Cash bar Sepa	arate Checks (2% split fee): 🗌 Yes 🗌 No
Menu Option: 🗆 #1 🗆 #2 🗆 #3 🗆 #4 🗆 #	ŧ5 □ #6 □ #7 □ #8
Menu Choices (Fresh Baked Bread, House Mista Salad, Pro	fiterol al Cioccolato, Soda, Unsweet Tea and Water Included):
Children Menu Choices: Add On Options:	,,,,,
	erent Dessert Choice:
□ Cesare - \$7/pp □ Primavera - \$8/pp □ C Notes:	
Signature	Date
Deposit Amount: Date Deposit Paid:	

Payment due on the day of the event, 8.25% tax, 20% gratuity and if applicable a 2% split check service charge will be added on to the Final per Person Price. If 5 or more of your guests don't show you are required to pay for those meals. By signing this contract, you are in agreement to the above terms and conditions listed on the previous pages by signing this contract, you are giving permission for La Bella Vita Ristorante, as stated in the cancellation section, to charge any cancellation fee to the credit card provided.