



127 First St | Benicia, CA 94510
 p. 707-805-0575 | f. 707-745-3803
 info@bellasienarestaurant.com

Party Event Contract & Details

Name:

Date:

Time:

Guests:

Email:

Phone Number:

Minimum Food & Beverage:

Menu Choice:

(please check one box for menu choice. If choosing \$52 menu please check boxes)

- \$24 Menu (lunch only)
- \$32 Menu (lunch only)
- \$42 Menu
- \$62 Menu
- \$52 Create Your Own Menu
 - [choose 2: Bruschetta Calamari
 Skirt Steak
 - [choose 1: Caesar Salad Insalata Mista
 - [choose 3: Capellini Pomodoro
 Spaghetti Bolognese Penne
 Pollo Ripieno Salmon
 - [choose 1: Tiramisu Sorbet
 Gelato]

Additional Notes:

Policy: We have a 7 days cancellation policy. **Reservation can only be canceled or change by e-mail.** If you cancel your party event within 7 days of your event, the credit card on file will be charged a \$500 cancellation fee. We ask for a final head count 72 hours prior to your event, which is what you will be charged for that amount of people. Food and beverages in the restaurant will be charged a 20% gratuity charge. Payment is due in full the day of the function. We accept Cash, Visa, MC, AMEX and Discover. Menus will be printed and placed on table for your guests; and they will choose from that menu. Menu customization is available. Any special rental equipment needed for an event will be ordered from a rental company and billed directly to you. Loss or damage by client will be billed separately after event. In order to service your group properly, it is important that you arrive on time. If your party is going to be delayed by 15 minutes or more, we will do our best to accommodate your group based on your actual arrival. Bella Siena reserves the right to change room venues if the group size should change. Bella Siena shall have the right at any time to cancel this agreement without penalty or charge at any time based on situations out of its control such as fire, flood, earthquake, etc. Please don't forget your belongings; we are not responsible for lost items. Please let us know of any dietary restrictions. Please notify us of any food allergies. Thank you.

Payment Information

(cardholder information)

Credit Card # _____

Code: _____

Expiration Date: _____

Address: _____

State: _____

Zip code: _____

Cardholder Name: _____

Signature: _____

Date: _____