



Party Contract: LUNCH

Date of Event _____ Time of Event _____

Name of Group/Company _____

Thank you for booking your event with Amerigo Restaurant! In an effort to avoid any miscommunication, please review the conditions below and initial beside each one.

Fax completed form to (901) 761-4001 Or send to: Amerigo Italian Restaurant 1239 Ridgeway Road Memphis, TN 38119

Please select the room you are reserving for your group:

[] SEMI-PRIVATE Accommodates up to 20 seated guests. The minimum amount required to book this room is \$225. Tax and a 20% gratuity are in addition to this minimum.

[] FULL PRIVATE Accommodates up to 40 seated guests. The minimum amount required to book this room is \$375. Tax and a 20% gratuity are in addition to this minimum.

I am committing to _____ number of guests for my event. I agree to confirm my final number of guests within 48hrs of the event. I understand that my card will be charged for the full amount confirmed at the 48 hr. mark. _____

I agree that my card will be charged the full minimum in the event of a cancellation within 7 days of the event. _____

I acknowledge the room is reserved for exactly 2 Hours. I understand an arrangement must be made at this time if the room is to be used for a longer period of time, from _____ to _____.

Please indicate if you will need an Audio Visual Screen set up. (Available for the Full Private dining room only) Yes _____ No _____

Signature _____ Date _____

On-Site Contact Name _____ Phone _____

Contact E-mail _____

Credit Card Number _____ Exp. Date _____