



Party Contract : LUNCH

Date 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 information below and initial beside each component.

*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 **\$15 per person**, or an overall minimum of **\$225**, which ever is greater. Tax and gratuity are in addition to the minimums.

FULL PRIVATE Accommodates up to 40 seated guests. The minimum amount required to book this room is **\$15 per person**, or an overall minimum of **\$375**, which ever is greater. Tax and gratuity are in addition to the minimums.

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 event. _____

Please indicate if you will need an Audio Visual Screen set up. Yes _____ No _____

Signature _____ Date _____

On-Site Contact Name _____ Phone _____

Credit Card Number _____ Exp. Date _____

We look forward to serving you!