



Ristorante BELLA VITA
376 FIRST STREET LOS ALTOS, CA 94022

EVENT RESERVATION AND AGREEMENT FORM

Date of event ____ / ____ / ____ Day ____ Time ____ AM/PM

Contact person _____ Today's Date ____ / ____ / ____

Group/Event name _____

Personalized greeting information _____

Telephone () - Mobile () -

Fax number () - E-Mail _____

Cocktails/wine included before event? ____ Yes ____ No

Cocktails/wine included during event? ____ Yes ____ No

Event dining area _____ *

Number of guests _____ Menu fee \$ _____ per person**

Deposit amount \$ _____ *** Credit card No. _____ (Visa/MC/Amex)

Expiration date ____ / ____ Security code _____

*** To reserve a private dining room there will be a minimum charge of \$750. ____ (initial)**

Corkage fee is \$15 per 750ml with a maximum of 3 bottles from your personal collection per group.

**** 20% Gratuity and California sales tax will be added to the final bill. ____ (initial)**

***** Cancellations will be accepted 7 days prior to the event date in writing with a full refund. A final guest count must be provided to Bella Vita 48 hours prior to the event. You will be billed, at the minimum, per guest based on this number and Bella Vita will not be responsible for fewer than anticipated attendance. Additional guests will be billed at the predetermined per person fee. ____ (initial)**

Any special equipment/service procurement for your event , such as live music, will result in additional charges to the client. In addition, any loss or damage that may result during the activities related to this event will be the responsibility of the client. ____ (initial)

Special instructions:

Customer name and signature

Manager name and signature