



Date Day of Event: _____ **Time of Event:** _____ **Guest Count:** _____

Contact Name: _____

Company Name: _____

Cell Phone _____ Home Phone: _____

Office Phone: _____ Fax Number: _____

Email Address: _____

Type of Event: **Pharmaceutical Meeting Awards Holiday Birthday
Baby shower Employee Recognition Family Retirement Graduation Wedding
Rehearsal** _____

Additional Table Sign in Table Head Table Gift Table cake Table

Type of Service: **Buffet Sit-down**

One Check Yes No **18% Gratuity** Added or Included

How did you hear about fuso.ristorante? _____

Please Check All that Apply:

- Hosted – Non Hosted - Beer and Wine
- Coffee & Tea Service Included
- Soda Service \$3.25 person \$2.50 package **Included Not Included**

Menu Choices : _____

Screen & Projector \$35.00 Screen Only \$20.00 Room Deposit \$ 500.00 Circle for yes

Table Set-Up _____

Room setup Fee \$100 Parties of 20 or under \$150 parties over 20 people

Date & Time Event Taken: _____