



PRE ORDER SHEET
(REQUIRED FOR PARTIES OF 10 OR MORE)

Date of Reservation: _____

Time of Reservation: _____

Number of Guests: _____

Reservation Name: _____

Telephone Number: _____

Fax Number &/or Email Address: _____

Contact Person: _____

Credit Card Number: _____

Expiration Date: _____

Price Per Person: \$ _____

MENU

Appetizers: _____

Main Courses: _____

Side Dishes: _____

Desserts: _____

Birthday Cake: _____ Price: _____

Wines: _____

Special Instructions: _____

PLEASE DATE AND SIGN YOUR NAME AND FAX BACK TO 212.477.0397 :

DATE: _____ SIGNATURE: _____
