

- Definite
- Tentative
- Revision
- Final Revision

Iberia Peninsula Restaurant

63-69 FERRY STREET • NEWARK, NEW JERSEY 07105
 Phones: (973) 344-5611 • Fax: (973) 344-2067
 www.iberiarestaurants.com

- Kitchen
- Linen
- Cake
- Pastries
- Bread
- Waiters
- Liquor

— Banquet / Catering Contract —

Today's Date: _____

Occasion:

- Wedding
- Shower
- Holiday Party
- Fund Raiser
- Christening
- Anniversary
- Rehearsal Dinner
- _____

CUSTOMER _____ PHONE () _____ FAX () _____

ADDRESS _____ / _____

DATE OF FUNCTION _____ DAY _____ TIME START _____ AM PM • TIME END _____ AM PM

ROOM ASSIGNED _____

MESA TÍPICA - (Hors D'oeuvres)

BUFFET

- Shrimp in garlic sauce
- Paella
- Fillet of fish Fried Stuffed
- Pork w/clams
- Portuguese roast beef Carving Station
- Portuguese roast pork Carving Station
- Spare ribs
- BBQ chicken
- Portuguese sausage "Flambe" Carving Station
- Meatballs
- Italian sausage
- Clams Casino
- Turkey with bacon
- Jumbo octopus salad
- Stuffed mushrooms
- Roast potatoes
- Mixed vegetables
- Rice
- Fried calamari
- Codfish patties
- Beef croquets
- Shrimp patties
- Cold cuts
- Macaroni salad
- Potato salad
- Tossed salad
- Jumbo breaded shrimp
- Chicken Marsala
- Codfish "Brás" style
- Baked Zitti

Soup _____ Salad _____

1st plate: _____

2nd plate: _____

LINEN: T/C _____ Napkins _____

Open Bar _____ Yes No

Hours _____ TIME START _____ AM PM • TIME END _____ AM PM

Champagne Toast _____

Portuguese Wine

White: _____ Red: _____

House Wine

Beer Bottled Draft Domestic Imported

Sangria

Soft drinks

Dessert Table

- Pastry Fruit Basket
- Flan Cheesecake
- House Desserts

Cake _____

Filling: _____

Coffee & Tea

Deposit _____ Date _____ Rec.d By: _____

No. of Seats: Estimated _____ Guaranteed _____

Price per Seat \$ _____

Tax (7 %) \$ _____

Gratuity (18 %) \$ _____

Total Price per Seat \$ _____

ADDITIONAL CHARGES:

Chair Covers (color) \$ _____

Chair Sashes \$ _____

Cutting Charge \$ _____

Bartender \$ _____

Deposit required \$ _____

SET-UP: Head Table _____

Special Instructions: _____

**50% due 10 days in advance of your function.
 Balance due in full 48 hours prior to the function in "Cash",
 "Bank Certified Check" or "Credit Card" only.**

ACCEPTANCE: — I agree to all terms and conditions that are set by the facility. This booking will remain tentative, subject to cancellation by the facility until the contract is signed and received by the facility, and payment will be made as outlined above.

Customer Signature

Date

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