

- Definite
- Tentative
- Revision
- Final Revision

Iberia Peninsula Restaurant

63-69 FERRY STREET • NEWARK, NEW JERSEY 07105
 Phones: (973) 344-5611 • (973) 344-1657 • 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 _____

COCKTAIL IBERIA PENINSULA STYLE: Jumbo shrimp cocktail, lobster salad, clams casino, boiled lobster, codfish patties, shrimp patties, beef croquets, jumbo "Portuguese" octopus salad, scongili salad, turkey w/bacon, Portuguese sausage, baby broiled pork ribs, fried calamari, potato salad, various cold salads, cold cuts, barbecued chicken, roast suckling pig, italian sausage, meat balls, jumbo breaded shrimp, stuffed Iberia loaf, stuffed mushrooms, breaded veal & chicken cutlets, etc.

- CARVING STATIONS:** Fish Roast Beef Roast Pork Turkey Prosciutto
 Mesa Típica "Traditional Table" Oysters & Clams Station Portuguese Cheese Station

Soup: _____

1st Entrée: _____

Side dish: _____

2nd Entrée: _____

Side dish: _____

Wedding cake, pastries, coffee, bread and butter, Viennese table _____

Linen: T/C _____ Napkins _____ White Lace

OPEN BAR Regular Premium TIME START _____ AM PM • TIME END _____ AM PM

The dinner will be served w/ Portuguese Finest Wines, Sangria "Red & White", Soft Drinks, Juice, Mineral Water, Champagne (for the toast), etc. Deposit _____ Date _____ Rec.d By: _____

Wines: White _____ No. of Seats: Estimated _____ Guaranteed _____

Red _____ Price per Seat \$ _____

Beer: Domestic _____ Tax (7 %) \$ _____

Imported _____ Gratuity (18 %) \$ _____

Total Price per Seat \$ _____

Ice Sculptures: ① _____ ADDITIONAL CHARGES:

② _____ Chair Covers (color) \$ _____

Special Instructions: _____ Chair Sashes _____ \$ _____

Cutting Charge \$ _____

Bartender \$ _____

Deposit required \$ _____

OBSERVATIONS: Every contract is subject to a DEPOSIT. In case of cancellation, NO REFUND will be made on the deposit. NO EXCEPTIONS!!!
 No Take-Outs allowed. Final count 48 hours in advance of your banquet.

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.