



Banquet Request Form

(office use) Ref #

Date of Function

Month Day Year

**Projected Guest Total
(range)** _____

**Name of Celebrants /
Company:** _____

**Type of Function (i.e.
Birthday, Anniversary):** _____

**Contact prior/during the
function** _____
First Name Last Name

**Title of Contact (i.e.
Mother, Director,
Coordinator)** _____

Primary Phone Number

Area Code Phone Number

**Secondary Phone
Number**

Area Code Phone Number

E-mail

Setup Time
Hour Minute
s

Guest Arrive Time / Cocktails

Dinner Time

Hour Minute
 s

Hour Minute
 s

Dinner Selection

Linen Tableclothes & Napkins included with Sicilian Buffet and higher. Would you like to add them for \$1.50/person extra?
Yes (Add \$1.50 per person)
No
N/A

Dinner Selection Cost Per Person (office use) _____

Appetizer Selections

Dessert Selection (all outside desserts subject to \$.50 per person fee)

Bar In Room (groups of 60 guests or more)
Yes (\$150 setup charge assessed for less than \$250 sales)
No, but we will likely be using the bar outside of the room
No, we not be using the bar

Drink Selections (water already on tables, coffee included with Family Style Pasta Buffet and up)

Deposit Amount (applied to final payment) NO Additional fee if payment made with cash, 5% convenience fee with plastic
\$100 (15-35 guests)
\$150 (36- 50 guests)
\$250 (51 - 120 guests)
\$500 (121 - 240 guests)

Amount of Deposit Paid (office use): _____

Deposit Payment Type
(office use): _____

POS Check # (office use)

Event Conclusion Time

Hour Minute
 s

Additional Notes /
Requests

**Please complete form. You may then print it and bring it
along with your cash or plastic deposit OR email it to
jon@samsristorante.com and stop in with deposit**
