

BELLAVITA Party Agreement Form

Please print and complete this form and fax it to 650.917.0464

Name:

Street Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Name of Event:

Date of Event:

Time:

Number of People in event:

Location:

Number of people: (you will be charged number of people we agreed, if you are reserving wine room 12 people minimum,if you are less then 12 \$750 is minimum amount need to be spend in the room if the bill is less then \$750 you will still going to be charged \$750 we need to have final count 2 days ahead.

Deposit Amount is \$200 up to 12-20people,20-60 people \$500

Credit Card Number:

Expiration Date:

Menu Price:per person

****Please not: Deposit's are Refundable if Notice is Given one Week Before the Event Date.At 18% Gratuity and 8.25% Tax will be Added to the Total of Your Bill.**

Customer's signature

Bellavita Manager Signature

376 First Street, Los Altos CA,94022

Fax:650.917.0464

FAX :650.917.03.00