

PICCO RESTAURANT

SPECIAL EVENT DINNER RESERVATION

The undersigned wishes to attend a “champagne-themed dinner” at Picco restaurant on February 23, 2010. The following are Picco’s terms and conditions for this event:

1. The minimum fixed cost per person is \$150, plus tax and gratuity, two person minimum per table. Single reservations are limited to available bar seating. Seating is on a first-come, first-served basis. For parties greater than 4 persons, please contact a Picco manager to discuss your seating needs. Please consider your initial reservations carefully, as changes will become increasingly difficult as the event date approaches. Any reservation modification request shall be considered in Picco’s sole discretion.
2. To minimize no-shows for this limited seating event, a \$25 per-person deposit is required. The deposit will be applied to your final bill. This deposit is not refundable unless the guest gives Picco at least 72 hours prior notice of cancellation. A cancellation notice will only be effective if you possess a written cancellation acknowledgement from Picco. Picco’s preferred cancellation method is by email to: jennifer@restaurantpicco.com. You will receive a cancellation confirmation by return email.
3. The event menu will be a 4 course prix fixe menu, including a glass of select Champagne with each course. Bar drinks or additional Champagne is available for an additional charge. Picco’s regular menu will not be available – no substitutes. If you have dietary restrictions, please discuss with Picco’s management team before making a reservation, as not all dietary restrictions can be accommodated with a prix fixe menu.
4. As this is a wine-focused dinner, a babysitter is strongly encouraged. Identification may be required for Champagne service. No discount is available for minors.
5. Picco accepts cash, Visa, MasterCard, Diners Club and Discover. Checks in any form are not accepted.

The undersigned understands and agrees to the terms and conditions specified above.

Name: _____ Signature: _____

Contact Phone Number: _____ Email: _____

Deposit Total: (\$25 per guest): \$ _____ **Reservation Time is 7:00 PM**

If the deposit is paid by credit card, please complete the following:

Credit Card # _____ Expires. _____; 3 digit security code: _____

Signature of Cardholder _____ Date _____

Name and billing address for credit card: _____

Office Use Only:

Deposit accepted by: _____; date: _____. Reservation time confirmed with guest: _____

Staple deposit receipt to bottom of contract.