

1026 First St
 Napa, CA 94559
 707-254-8006 p.
 707-254-8397 f.



Catering Contract / Order Form

Name: _____

Date: _____

Time: _____

Phone: _____

Email: _____

CATERING

ALL
ORDERS 24
HOURS
BEFORE

Please
check
appropriate
boxes.

SALES
TAX
Additional
(+)

(All ORDERS 24 HOURS BEFORE)

Small Tray Pick-up (serves 6-8)

Big Tray Pick-up (serves 12-14)

Caesar Salad	<input type="checkbox"/> \$55	<input type="checkbox"/> \$95
Mixed Greens	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75
Rigatoni Bolognese	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Penne Con Pollo	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Penne Al Pesto	<input type="checkbox"/> \$80, add chicken <input type="checkbox"/> \$100	<input type="checkbox"/> \$140, add chicken <input type="checkbox"/> \$180
Rigatoni Marinara w/cream sauce	<input type="checkbox"/> \$70, add chicken <input type="checkbox"/> \$100	<input type="checkbox"/> \$120, add chicken <input type="checkbox"/> \$180
Herb Roasted Chicken <i>(w/ Mashed Potatoes & Vegetables)</i>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$290
Salmon <i>(w/ Mashed Potatoes & Vegetables)</i>	<input type="checkbox"/> \$165	<input type="checkbox"/> \$320
Marinated Skirt Steak <i>(w/ Mashed Potatoes & Vegetables)</i>	<input type="checkbox"/> \$260	<input type="checkbox"/> \$510
Mashed Potatoes	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75
Vegetables	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75

NOTES:

Policy: We have a 24 hours cancellation policy. Orders can only be canceled or change by e-mail. If you cancel your order within 24 hours of your pickup date, the credit card will be charged a 30% minimum food and beverage cost cancellation fee. Payment is due in full the day of the order. We accept Cash, Visa, MC, AMEX and Discover. Ristorante Allegria shall have the right at any time to cancel this order without penalty or charge at any time based on situations out of its control such as fire, flood, earthquake, etc. Please let us know of any dietary restrictions. Please notify us of any food allergies. Thank you.

Credit Card # _____ Code: _____ Expiration Date: _____

Cardholder Address: _____ State: _____ Zip code: _____

Cardholder Name: _____ Signature: _____