

Ristorante Al Teatro



Date: _____

Client Name: _____

Phone: _____ E-mail: _____

Guests: _____ Minimum Guarantee#: _____

The client is responsible for any damage done by him/her or their guest.

Begining time of function: _____ End time: _____

Room Preference: _____ \$/per person: _____

Food package: _____

Deposit (non refundable): _____ Date paid: _____

Table shape: _____

Function notes: _____

Restaurant rep. signature: _____

Client signature: _____



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