



## Group Event Form

### Menu Selections:

#### A.

- ◇ **Salad:** House (Plated)
- ◇ **Entrée (choice of):** Chicken Marsala - Lasagna - Penne Vodka Cream
- ◇ **Dessert (choice of):** Cannoli - Italian Sorbet - Ice Cream

\$37.00 per person

#### B.

- ◇ **Appetizer (Served on Platters upon arrival):** Fried Calamari - Bruschetta
- ◇ **Salad:** House (Plated)
- ◇ **Entrée (choice of):** Chicken Parmesan - Lasagna - Shrimp Marinara - Shrimp Scampi - Mushroom Ravioli – Eggplant Parmesan
- ◇ **Dessert (choice of):** Cannoli - Tiramisu – Limoncello Cake

\$45.00 per person

#### C.

- ◇ **Appetizer (Served on Platters upon arrival):** Fried Calamari - Bruschetta - Steamed Shrimp
- ◇ **Salad:** House (Plated)
- ◇ **Entrée (choice of):** Steak filet - Veal Bolognese - Fresh Catch of the Day - Lobster Ravioli – Eggplant Parmesan
- ◇ **Dessert (choice of):** Cannoli - Tiramisu – Limoncello Cake - Chocolate Lava Cake

\$55.00 per person

### Beverage Selection:

- A. Consumption Bar, billed only for what your guest(s) orders, (No separate checks)
- B. 2 Hours Open Bar, Domestic Beer/Wine - \$20.00 per person
- C. Top Shelf Liquor, Beer, Wine, Soft Drinks, Coffee, Tea, Cappuccino, 2 Hours Open Bar - \$29.00 per person
- D. Coffee, Tea, Soda, Juices - \$5.00 per person for the entire event.

\* Min. of 20 adults to guarantee private room and group event pricing. Food and beverage minimums may apply

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- \*There is a deposit of \$250.00 in the form of cash, check or credit card when you receive our response to your request. Contact us at **410-539-1965** for any final preparations.
- \*Your total will be based upon: Food, Beverages, Bar, 20% Gratuity, 6% Tax, and 9% Alcohol Tax**
- \*Dalesio's does not accommodate separate checks. The final bill is the responsibility of the Host.**
- We can accommodate groups of 100 people.**

**Self Parking:** Little Italy Parking Lot (located across street from restaurant), fees may apply, alternate parking in the Little Italy parking garage located on Central and Eastern Avenue, off street parking free for up to 3 hours

Function Date: \_\_\_\_\_

Minimum Adults: \_\_\_\_\_

Function Time: \_\_\_\_\_

Full Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Number (*Amex, Visa, Discover, Mastercard*): \_\_\_\_\_

CCV Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Deposit: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_