



Route 517 & Ridge Rd.  
 Allamuchy, NJ 07820  
 Phone: 908.852.2300  
 Fax: 908.852.1941  
 Website: www.mattarsbistro.com  
 E-mail: info@mattars.com

Name							
Address							
Home Phone	Business Phone	Is event a surprise? Yes/No	Time Guests Arrive				
Cell Phone	Fax	If surprise, contact name and phone #					
E-Mail			Reason for Surprise				
Function			Time	Date			
Only the room(s) circled will be provided to your party:							
Gazebo		Front DR	Back DR	Lower	Outdoor	Lounge	Off Premise
Room(s) will be available one hour prior to function for decoration.						Out By: _____	
Price	No. Expected	No. Guaranteed (at full price)	Deposit	Check #	2nd Deposit	Check #	

## Cold Lunch Buffet

House Wine & Domestic Beer Yes/No \$ \_\_\_\_\_ Open Bar Yes/No \$ \_\_\_\_\_  
 Tab Bar Yes/No Cash Bar Yes/No Bar Setup Fee \$ \_\_\_\_\_

Cake: Yes/No

Inscription:

Trim Color:

Assigned or Open Seating

Seating Chart? Yes/No

U-Shape

Conference Style

\_\_\_\_\_ Tables of \_\_\_\_\_

Special Instructions:

Meals for children 4-10:  
1/2 price.  
Children 3 & under:  
no charge.  
Prices subject to applicable  
tax and 18% service charge.

assorted sandwich platters

sliced herb poached chicken breast on italian bread with arugula and parmesan vinaigrette

beef tenderloin on focaccia bread with roasted peppers and horseradish sauce

roasted turkey breast wrap with bacon, avocado and sundried tomato mayonnaise

portabello baguette with goat cheese and marinated plum tomatoes

salads  
(select two)

mesclun greens

pasta salad

classic caesar salad

red bliss potato salad

assorted cookies and brownies

coffee and tea

By signing below, lessee acknowledges that it has read and that it understands all terms as outlined on both sides of this agreement. Lessee acknowledges that it has had the opportunity to have this agreement reviewed by any advisor of its choice, including an attorney. Lessee likewise acknowledges that it has voluntarily entered into this agreement.

Please sign contract and return within five (5) days. Please retain one (1) copy for your records. All pages of this contract must be returned together.

Signature	Date:	Accepted by Mattar's Bistro Representative	Date:
Print Name	Date:	Approved by Mattar's Bistro Representative	Date: