

Impastato's Restaurant

\$60.00 Dinner Package

\$60.00 per person (plus tax & 18% gratuity) for reservations call 504-455-1545
Includes ½ hour of cocktails (includes premium brands) and house wine with dinner.

1ST COURSE - ONE OF IMPASTATO'S SPECIAL SEAFOOD APPETIZERS

2ND COURSE - A COMBINATION OF TWO FAVORITE PASTA DISHES

Fettucine Alfredo

Homemade pasta noodles mixed with imported Romano cheese, butter, cream, and freshly cracked pepper

Pasta Asciuta

Homemade pasta in a light tomato gravy with crushed red pepper and imported cheeses

3RD COURSE - GARDEN FRESH SALAD MADE WITH CRISP ROMAINE LETTUCE LEAVES AND PLUMP CHERRY TOMATOES, TOSSED WITH OUR HOMEMADE SPECIAL HOUSE DRESSING

4TH COURSE - CHOICE OF ONE OF THE FOLLOWING ENTREES

Veal Marianna

Breaded baby white veal, pan sautéed with a light touch of garlic, topped with artichoke hearts and fresh mushrooms

Veal, Chicken or Eggplant Parmesan

Pan fried, baked in tomato gravy topped with parmesan cheese

Fresh Fish Marianna

Fresh fish breaded, pan sautéed with a light touch of garlic, topped with fresh mushrooms and artichoke hearts.

Shrimp Scampi

Jumbo shrimp sautéed in lemon and butter with just a hint of garlic

5TH COURSE - DESSERT-AMARETTO PARFAIT

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Impastato's Restaurant

3400 16TH STREET METAIRIE, LA. 70002

504-455-1545 fax 833-1816

Group Contract and credit card AUTHORIZATION

NAME OF PARTY _____

CONTACT NAME _____

PHONE NUMBERS – HOME _____ CELL _____ FAX _____

DAY/DATE OF PARTY _____ TIME _____

GUARANTEED MINIMUM NUMBER OF PERSONS TO BE CHARGED _____

MENU CHOICE: **\$60.00 per person (plus tax & 18% gratuity)**
Events booked more than 6 months (180 days) will be subject to possible price increase (not to exceed 10%).

NON-REFUNDABLE DEPOSIT OF _____ PAID BY cash / Chk / CC REC ON ____/____/____

***** **RESERVED ROOM WILL NOT BE AVAILABLE UNTIL RESERVATION TIME** *****

I HAVE READ THE CONTRACT THOROUGHLY AND AGREE TO THE TERMS LISTED ABOVE.

IMPORTANT

- 1) Please ensure this form is complete and correct.
- 2) A legible photocopy of the front and back of your credit card and driver's license is required along with this form to complete your purchase. Your order will not be processed without this information!
- 3) Your signature below is authorization to process the deposit amount specified above as well and any balances after the event if left unpaid for any reason.

GROUP CONTACT SIGNATURE DATE

IMPASTATO'S REPRESENTATIVE DATE

***** **CREDIT CARD AUTHORIZATION FORM** *****

Customer Name: _____

Amex _____ Visa _____ Discover _____ M/C _____

Cardholder Name: _____

Card Number _____ Exp Date: _____ / _____

Street Address: _____ Apt./Suite _____

(city)

(state)

(zip)

Phone # _____ CELL # _____ email Address _____