



Private Party Inquiry Form

Call in date: _____

Client Name: _____

Email: _____

Telephone (H): _____ (W): _____

Cell: _____ (Fax): _____

Type of Event:

Sit down dinner _____ Buffet _____ WITH or JUST a Cocktail party _____

| DATE | TIME | FUNCTION | # of GUESTS | BUDGET? |
|------|------|----------|-------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Space held until (date): _____

To do follow-up: _____

Send menus: _____ Date sent: _____

Comments or special requests:

Employee taking inquiry: _____ Date: _____

8400 Santa Monica Blvd. West Hollywood, Ca 90069

Reservations: (323) 848-2360

Fax: (323) 848-9447