

IL BELLAGGIO

ITALIAN RESTAURANT

NAME: _____ NUMBER OF GUEST: _____

Seating includes 3 course dinner: \$75 per person first seating

5:00PM _____ 5:30PM _____ 6:00PM _____ 6:30PM _____

Seating includes 3 course dinner: \$85 per person second seating

9:00PM _____ 9:30PM _____ 10:00PM _____

PHONE: _____ EMAIL: _____

A Gift Certificate purchase of \$100 will hold your table and be used towards the purchase of your New Year's Eve final bill.

Circle one: AMERICAN EXPRESS MASTERCARD VISA DISCOVER

CREDIT CARD#: _____ EXPIRATION DATE: _____ CVV: _____

Billing Address: _____

This form authorizes Il Bellagio, Inc. to charge your credit card \$100 for a pre-paid gift certificate to be used for New Year's Eve dining or another date of your choice if you are a no-show for New Year's Eve dinner. Please contact us with any questions: (561) 659-6160

ALL SALES SUBJECT TO 7% TAX AND 20% GRATUITY ON FINAL BILL

We cannot guarantee specific table requests and if you request outside, we cannot control the weather. No refunds will be provided.

Please email complete form to: manager@ilbellagio.com

SIGN _____ DATE _____