



North Bay Italian Cultural Foundation

Dinner Reservation Form

Print this form (use [File/Print option](#) or press **CTRL-P** on keyboard).

Fill in the information below, make checks payable to NBICF and mail to

64 Brookwood Avenue, Santa Rosa, CA 95404

Reservation required one week prior to event.

Name(s): _____

Event Title and Date for this event: _____

Seating Preference (if any): _____

Prepaid Reservations Only

**This is a generic form – Indicate price for each type of reservation being made.
Specific reservation forms for events are included in the Newsletter**

_____ places at \$_____ each for Members

_____ places at \$_____ each for Guests

_____ places at \$_____ each for Teens, 13–18 yrs

_____ places at \$_____ each for Child, 5–12 yrs

_____ places free /each for Child under 5 yrs

For questions about reservations, call the NBICF Office at 707-591-9696