11 Franklin Street Newark NJ, 07102 Phone: (973)-624-3346 Fax: (973)-624-1990 www.chateauofspain.com

Party Buffet Menu

Chateau of Spain

Restaurant

Mon – Wed: 35 adults minimum | Thu – Sun: 40 adults minimum Choose 5 entrees and 4 side dishes.

<u>Menu A</u>	Menu A+B				
\$45/pp + Tax + Gratuity = \$58	\$55/pp + Tax + Gratuity = \$70				
<u>Menu A</u>	<u>Menu B</u>				
Baked Ziti	Salmon Filet				
Penne Pasta in Vodka Sauce	Stuffed Filet of Sole				
Fried Mixed Chicken or Wings	Shrimp in Garlic Sauce				
Italian Sausage & Peppers	Certified Angus Filet Mignon Tips with Shrimp				
Tilapia in Lemon Sauce	Certified Angus Beef with Peppers & Onions				
Fried or Broiled Filet of Sole					
Chicken in Garlic on the Bone	Side Dishes				
Chicken Cutlet Garlic or Lemon	Saffron Rice	Black Beans			
Chicken in Rice	Boiled Potatoes	Garden Salad			
Chicken Fajita	Spanish Fries	French Fries			
Chicken Fingers	Potato Salad	Caesar Salad			
Beef Meatballs	Sauteed Collard Greens	Vegetables Medley			
BBQ Spareribs	Extras				
Pork Picadinho	Sangria and House Wine for 2 hours: \$20 per person				
Fried Calamari	Open Bar for 2 hours: \$30 per person (Top-shelf not included)				
Seafood Paella	Cash Bar Available Venetian Table – Assorted Fruits, Cakes, and Custards: \$11 per per				

Includes fountain soda (Coke, Sprite, Water), coffee, and use of room for 3 hours. We Do Not Supply Togo Containers

Children under 5: \$7 (if chair and plate setting required) | Children 5-8: ½ price. \$400 non-refundable deposit is required to reserve for a specified date and time. Menu choices, number of people and event balance must be paid 10 business days prior. A 3.5% Charge will be added when using any type of Credit Card/Debit.

> Price is subject to change without notice, and we do not accept personal checks. Accepted forms of tender are cash, credit and debit card, and business checks (Business checks will not be accepted within 10 business days of event)

Available times: 12-3pm, 1-4pm, 2-5pm, 5-8pm, 6-9pm, 7-10pm (7-10pm not on Sunday)

Party Date:/	/ Time::	_PM →:	_ PM	
# Of Adults:	_ # of Children 5-8:	# of Childre	n under 5:	

Customer Name: _____

_ Phone Number: (____) - ____ - _____