

# Buca<sup>®</sup>

di BEPPO  
Italian Restaurant



**COACHES EAT FREE!\***

**CHOOSE FROM ONE OF THESE GREAT GROUP MENUS**

## Sicilia

**\$18 PER PERSON (INCLUDES TAX & GRATUITY)  
FOR ANY GROUP UP TO A MAXIMUM OF 50**

**PASTA** (SELECT ONE) - SPAGHETTI WITH MARINARA • SPAGHETTI WITH MEAT SAUCE  
PENNE BASILICA • FETTUCCINE ALFREDO  
**PIZZA** (SELECT ONE) - MARGHERITA PIZZA • PEPPERONI PIZZA • FOUR CHEESE PIZZA  
**DESSERT** (SELECT ONE) - HOMEMADE CHEESECAKE • BUCA COOKIE • CHOCOLATE CAKE  
**BEVERAGES** - UNLIMITED SOFT DRINKS, COFFEE AND TEA

## FIRENZE

**\$18 PER PERSON (INCLUDES TAX & GRATUITY)**

**INSALATE** - MIXED GREEN SALAD + CAESAR SALAD  
**PASTA & ENTRÉE** - SPAGHETTI WITH MARINARA + FETTUCCINE ALFREDO + CHICKEN PARMIGIANA  
**DESSERT** (SELECT ONE) - HOMEMADE CHEESECAKE • BUCA COOKIE • CHOCOLATE CAKE  
**BEVERAGES** - UNLIMITED SOFT DRINKS, COFFEE AND TEA

## MILANO

**\$20 PER PERSON (INCLUDES TAX & GRATUITY)**

**INSALATE** (SELECT TWO) - MIXED GREEN SALAD • CAESAR SALAD • APPLE GORGONZOLA SALAD  
**PASTA/BAKED PASTA** (SELECT TWO) - SPAGHETTI WITH MARINARA • SPAGHETTI WITH MEAT SAUCE  
PENNE BASILICA • FETTUCCINE ALFREDO • CHEESE MANICOTTI • BAKED RIGATONI  
**ENTRÉE** (SELECT ONE) - EGGPLANT PARMIGIANA • CHICKEN PARMIGIANA • CHICKEN LIMONE  
**DESSERT** (SELECT ONE) - HOMEMADE CHEESECAKE • BUCA COOKIE • CHOCOLATE CAKE  
**BEVERAGES** - UNLIMITED SOFT DRINKS, COFFEE AND TEA

*Our dishes are served family-style, meant to be shared by the entire table.*

**ARROWHEAD** | 16091 N. Arrowhead Fountains Center Dr. • 623.412.9463

**CHANDLER** | 7111 West Ray Road • 480.785.7272

**MESA** | 1730 South Val Vista Drive • 480.507.9463

**SCOTTSDALE** | 3828 North Scottsdale Road • 480.949.6622

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Email to [jpowers@bucainc.com](mailto:jpowers@bucainc.com) or fax this form to 480.785.9777

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**THIS FORM IS ONLY A REQUEST. A SIGNED CONTRACT IS NEEDED TO CONFIRM YOUR RESERVATION AND A CREDIT CARD GUARANTEE IS REQUIRED.**

\*NOT VALID WITH ANY OTHER OFFER OR DISCOUNTS. NUMBER OF COACHES WHO EAT FREE IS BASED ON TOTAL GUEST COUNT.

Team Name \_\_\_\_\_ Date Requested \_\_\_\_\_

Group Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Local Accommodations \_\_\_\_\_ Phone \_\_\_\_\_

Number of Guests (minimum of 15 guests) \_\_\_\_\_ Preferred Time \_\_\_\_\_

Menu Selection (one menu for whole group) \_\_\_\_\_