

MORETTI

Downtown



AMUSE BOUCHE

OSTRICHE ALLA ROCKEFELLER

Oysters Rockefeller, Italian breadcrumbs, white wine, parsley, garlic

PIZZA DI MORETTI

BURRATA

Pomodoro San Marzano, wild mushrooms, black truffle

PATATE E CIPOLLE

Fior di latte, Yukon potatoes, shallots, gorgonzola, Italian pancetta, fresh rosemary

ANTIPASTO

TARTARE DI TONNO

Tuna tartare, fresh black truffle, yuzu tobiko, sambal-soy vinaigrette

PASTA

RAVIOLI ALL'ARAGOSTA

Butter poached lobster stuffed ravioli, bisque, mascarpone, chives

CARNE

FILETTO DI MANZO CON GAMBERI ALLA GRIGLIA

Filet mignon, grilled jumbo shrimp, truffled creamy polenta, sautéed broccolini, red wine sauce

DOLCE

GRANDE FINALE Emilie's delights

195\$

per person

taxes, 18% service, wine and alcohol not included.

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RESERVATION CONFIRMATION AND CREDIT CARD AUTHORIZATION

DATE: _____
MONTH / DAY / YEAR

RESERVATION NAME: _____

DATE OF RESERVATION: _____ TIME: _____ NO. OF GUESTS: _____
MONTH / DAY / YEAR

EMAIL: _____ TELEPHONE: _____

I, _____
(FIRST NAME, LAST NAME) certify that all information above and below is complete and accurate. I hereby understand that 24 hours prior to the event, I must notify **Moretti Downtown** the exact number of guests. Should there be a cancellation or a decrease in number of guests less than 24 hours ahead than the number indicted above, a cancellation fee of \$195 per person will be charged to the credit card below.

- I hereby understand that **Moretti Downtown** automatically charges 18% gratuity for groups of 8 or more on one bill.
- I hereby authorize **Moretti Downtown** to collect payment for all charges of this reservation by processing a charge to the credit card listed below. The bill should be e-mailed to: _____
E-MAIL ADDRESS

OR

- I hereby authorize **Moretti Downtown** to use the credit card listed below to guarantee the reservation and collect any cancellation fees, should there be any. It is agreed upon that the following person will be responsible for the payment of the entire bill at the time of the reservation: _____
(FIRST NAME, LAST NAME)

NAME: _____
(AS IT APPEARS ON CREDIT CARD)

- VISA MASTERCARD VISA
- INDIVIDUAL CORPORATE COMPANY NAME: _____

CARD NUMBER: _____ EXPIRATION _____ CVC _____
MONTH / DAY / YEAR NO. ON BACK OF CREDIT CARD

CARDHOLDER SIGNATURE: _____ DATE: _____
MONTH / DAY / YEAR

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