



FAMILY STYLE MENU

IL Porto Ristorante.

*Italiano Ristorante
Wood Burning Pizza Est 2008.*

37 Washington Ave, Brooklyn NY 11205

718-624-0954 / 718-624-2965

llportobrooklyn37@gmail.com

Live Jazz: Thursday-Saturday 7-10pm Candle light, every night

(Prices are subject to change on Fridays all day and Saturday after 4pm)

\$60 Per Person

Choice of 2 Apps

Inslate Mista
Melenzane Rollatina
Mozzarella Pomodoro
Anti-Pasto Misto (+5)
Clams orreganta (+5)
Crab croquettes (+5)

Pizza

Margarita Pizza

Choice of 1 Entrée or 2(+5)

Chicken Parm
Penne Brandy
M. Bolognese
Fett. Pesto
Penne Vodka
Shrimp Parm (+6)

Dessert

Cannoli

Included

Beer/Wine/Coffee/Soda

\$70 Per Person

Choice of 2 Apps

Cesare or Rucola or Mista
Calamari
Mussels (Red or White)
Melenzane Rollatina
Anti-Pasto Misto (+5)
Clams orreganta (+5)
Crab crouquette (+5)

Choice of 1 Pasta/Pizza

Penne Vodka
Fettucine Mariana
Grandma Pie

Choice of 2 Entrée

Salmon
Sausage and peppers,
Chicken (Parm, Marsala or Francese)
Spegh. Vongole.
Shrimp Parm (6+)
Veal Parm (+8)

Choice of 1 Dessert

Homemade Tiramisu

Included

Beer/Wine/Coffee/Soda

\$85 Per Person

Choice of 3 Apps

Spinach or Rucola or
Pomodoro or Cesare.
Calamari
Clams
Mussels
Burrata
AntiPasto Misto

Choice of 1 Pasta

Homemade Gnocchi
Penne Porto
Linguini Vongole

Choice of 2 Entrée

Dry aged Steak
Veal
Chicken (parm, marsala or Francese)
Grilled Salmon
Ling Del Mare (+5)
Rack of Lamb (+\$10)
Lobster (+\$20)

Choice of 1 Dessert

Homemade cheesecake
or Tiramisu
Lemoncello

Included

Beer/Wine/Coffee/Soda



****PARTY HOST IS RESPONSIBLE FOR GARENTEED PERSONS 48 HRS PRIOR TO EVENT.
**CANCELLATIONS, CHAGNES AND REDUCTIONS IN GUEST COUNT ARE NOT PERMITTING
48 HRS UPON GATHERING AND CONFIRMING GUEST COUNT.**

Name / Contact info: _____

Date and Time: _____

Type of Event: _____

Location of Event: _____

Number of Guest: _____

Number of Table: _____

Event Cost / Price Per Person: _____

Payment Type: _____

Deposit due upon booking: 20% Cash / Credit: _____

Amount Received: _____

Date: _____ Remaining Balance: _____

Signature: _____

Date: _____