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| --- |
| Catering Request Form |
| Name: |  |
| Address: |  |
| Email Address: |  |
| Phone Number: |  |
| Billing Information: |[ ]  Check Box if same as above |
|  | Name: |  |
|  | Billing Address: |  |

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| --- |
| Event Information |
| Type of Event:  |[ ]  Wedding Reception |
|  |[ ]  Business Meeting |
|  |[ ]  Birthday Party |
|  |[ ]  Shower |
|  |[ ]  Other |
| Date of Event: | Click here to enter a date. |
| Time of Event: |  | **Duration of Event:** |  |
| Approximate Number of Guests: |  |
| Location of Event: |  |
| Event Point of Contact:Name & Cell Phone Number |  |
| Type of Catering Requested: |[ ]  * + Delivery, Setup & Equipment Pick Up
 |
|  |[ ]  * + Full Service Event
 |
|  |[ ]  * + Customer Pick Up
 |
|  |[ ]  * + Not Sure
 |
| * Paper service (plates, forks, knives, napkins, cups)
 |[ ]  * + Yes
	+ [ ] Real Dishware/Linens [ ] Disposable Service
 |
|  |[ ]  * + No
 |

|  |  |
| --- | --- |
| Event Menu |  |
| * + Please list your menu selections.
 |
| * + Do you have any special menu requirements (i.e. vegetarian, allergies, low-sugar, low-salt, etc.? If yes, please explain below.
 |
| * + Questions/Comments
	+ Please list any additional questions, comments, special requests, etc. below.
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