



CATERING REQUEST

Client Name: _____ Dept./Organization: _____

Billing Address/GL#: _____

Name of Event: _____

Contact #: _____ Email: _____

Date of Event: _____ Time (Start to Finish): _____

Budget (per person or overall): _____ Number of guests: _____

Location of the Event: _____

Type of Event (circle):

Beverage Breakfast Lunch Hors d' oeuvres Appetizer Dinner Dessert

Service Style (circle):

Buffet Served To Go/Pick up Delivery

Menu Desired:

(If you would like the Chef to do a specialty menu of his selecting, just write "Chef's Choice" above)

Beverages:

Desserts:

Check your choices below: *(extra cost may apply)*

<u>Utensils:</u>	<u>Plates:</u>	<u>Cups:</u>	<u>Napkins:</u>	<u>Table cloth:</u>
Disposable	Disposable	Disposable	Disposable	Disposable
Silverware	China	Glassware	Linen	Linen