***Catering Request Form***

**Client’s Information**

Client’s Name/Business::

Address:

Email:

Point of Contact Name/Number:

Requested Service Date:

Budget Range:

**Event Information**

Type of Event:

Date of Event:

Event Location/Address:

No Later Than Set-Up Time:

Start Time of Event:

End Time of Event:

Number of Guests:

Indoor or Outdoor Event (Choose One):

Style of Service (Choose One): Buffet or Individual/Plated Service

**Menu** (See Attached)

Hors D’oeuvres:

Appetizers (Includes Soup and/or Salad):

Finger Foods:

Entrees:

Side Items (Starch and Vegetables):

Desserts:

Beverages:

Breakfast Items:

\* Special Dietary, Food Allergy, or Restrictions Requests:

\* Paper Products (3 compartment plate, knife, fork, spoon, napkins, and cups $5 per guest)

\* Average cost per plate varies according to menu selection

\* Quote does not include gratuity

Client’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caterer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_