



IRISH CENTRE

12546 126 Street, Edmonton, Alberta T5L 0X3

Phone: (780) 453-2249 Fax: (780) 451-5969

Email: edmontonirishcentre@gmail.com

CATERING FORM - LUNCHEON

Please contact an ISSS Representative for Pricing Information

Date of Event:	Type:	Doors open:	Event Ends:	
Food service start time:		Estimated # of Guests:		
Bar service start time:		Special programming start time:		
Number of bar staff required:				
Notes:				
Food Selections				
<i>EACH FOOD TRAY SERVES 30 PEOPLE</i>	PRICE PER TRAY	TOTAL TRAYS REQUESTED	NOTES	TOTAL PRICE PER LINE
Build your own Cold Cut Combo - served with assorted buns, roast beef, black forest ham & turkey. With pickles, mayo, mustard, butter on the side.	\$	#		\$
Assorted Dessert Squares Tray	\$	#		\$
Tuna Salad Sandwiches - (1/2 White & 1/2 Wheat)	\$	#		\$
Egg Salad Sandwiches - (1/2 White & 1/2 Wheat)	\$	#		\$
Assorted Cheese & Cracker Tray	\$	#		\$
Seasonal Fruit Tray - w/yogurt dip	\$	#		\$
Assorted Vegetable Tray - w/ranch dip	\$	#		\$
Caesar or Tossed Salad	\$	#		\$
Special Order:	\$			\$
Beverage Selections				
<i>BEVERAGE SELECTIONS</i>	PRICE PER	TOTAL ORDER	NOTES	TOTAL PRICE PER LINE
Tea & Coffee service included with all catered events <input type="checkbox"/> Tea Urn - <input type="checkbox"/> Coffee Urn - <input type="checkbox"/> Keurig only	\$0.00	#		\$0.00
Orange or Apple Juice Cartons – 1 litre cartons	\$	#		\$
<i>Items below require a Bartender for the event</i>				
White Wine – 750ml Bottle – 4oz glasses = 6 servings	\$	#		\$
Red Wine – 750ml Bottle – 4oz glasses = 6 servings	\$	#		\$
CATERING & BEVERAGES SUB-TOTAL				\$
ADD 15% GRATUITY				\$
A: TOTAL FOOD SERVICE TOTAL				\$

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Optional/Additional				
ADDITIONAL SERVICES	PRICE PER	TOTAL ORDER	NOTES	TOTAL PRICE PER LINE
(Service Requirement: 1 Bartender per 50 people)				
Bartender(s) X ____ - in addition to regular staffing compliment and/or outside of regular operating hours	# ____ X \$/hr.	=		\$
Bartender 1 Shift time:				
Bartender 2 Shift time:				
White Linen Tablecloths for dining tables				
# ____ Rounds	# ____ X \$	=		\$
# ____ Rectangle				
Plastic Tablecloths for dining tables Colour preference(s):				
# ____ Rounds	# ____ X \$	=		\$
# ____ Rectangle				
White Linen Napkins for dining tables	# ____ X \$	=		\$
B: OPTIONAL ADD-ON SUB-TOTAL				\$
A: TOTAL FOOD SERVICE TOTAL				\$
C: TOTAL INVOICE				\$
Date:	Form completed by:			
Client signature:				
Notes:				