



IRISH CENTRE

12546 126 Street, Edmonton, Alberta T5L 0X3

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

Email: culturaldirectoriss@gmail.com

CATERING FORM - LUNCHEON

EVENT TITLE:		DATE:	
Doors open:	Estimated # Adults:	Estimated # of U12:	
Bar service start time:	Number of bar staff required:	Food service start time:	
Presentation/Speeches timeline:		Entertainment/Music timeline:	
Event Ends:			
Food Selections			
1 Tray serves 30 people Additions or deletions per person \$	\$/tray & order	per person add/del	Total \$ per line
Build your own Cold Cut Combo on a bun – mixed meat trays of roast beef, black forest ham & turkey with pickles, mayo, mustard, butter and buns on the side.	\$85.00 X _____	# x 3.00 =	\$
Assorted Dessert Squares Tray	\$85.00 X _____	# x 3.00 =	\$
Tuna Salad Sandwiches - (1/2 White & 1/2 Wheat)	\$80.00 X _____	# x 3.00 =	\$
Egg Salad Sandwiches - (1/2 White & 1/2 Wheat)	\$80.00 X _____	# x 3.00 =	\$
Assorted Cheese & Cracker Tray	\$75.00 X _____	# x 2.50 =	\$
Seasonal Fruit Tray - w/yogurt dip	\$65.00 X _____	# x 2.25 =	\$
Assorted Vegetable Tray - w/ranch dip	\$50.00 X _____	# x 1.75 =	\$
Caesar or Tossed Salad	\$35.00 X _____	# x 1.25 =	\$
Special Order: can include hot food items off regular menu – subject to staff & product availability			
	#	\$	\$
	#	\$	\$
	#	\$	\$
	#	\$	\$
A: LUNCHEON FOOD ORDER -SUB-TOTAL			\$



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Beverage/Alcohol/Bar Service Options					
Included with luncheon catering order- Please select option	COFFEE URN	<input type="checkbox"/>	COFFEE PODS-Keurig	<input type="checkbox"/>	
	TEA URN	<input type="checkbox"/>	TEA BAGS-Kettle	<input type="checkbox"/>	
TABLE WINE	<input type="checkbox"/> Bottles on the table – ordered in advance				
POUR AS YOU GO WINE	<input type="checkbox"/> Wine poured at the bar only – total # of bottles opened added to this invoice after event				
Wine Options: Check with bar liaison for current selections		\$/Bottle	#/Ordered/ poured	Name of Wine	Total \$ per line
Red Wine – 750ml Bottle – 4oz glasses = 6 servings		\$29.00	#		\$
White Wine – 750ml Bottle – 4oz glasses = 6 servings		\$29.00	#		\$
B. WINE ORDER SUB-TOTAL:					\$
ADD - SELF SERVE – CRANBERRY, 7 UP & LEMONADE JUICE MIX	8L Beverage Dispenser – (max 2)	\$/Dispenser	#/Ordered	Total \$ per line	
		\$25.00	#	\$	
C. JUICE ORDER SUB-TOTAL:					\$
HOST BAR OPTIONS	<input type="checkbox"/> No Host Bar <input type="checkbox"/> Host gives drink tickets to guests. A tab is run at bar – 15% gratuity added to tab at end of event <input type="checkbox"/> Host has an open tab at the bar. – 15% gratuity added to tab at the end of event				
	<input type="checkbox"/> Limit total estimate including 15% gratuity or N/A for No Limit total: _____				
	Please indicate which Drink Types that can be added to a host bar tab				
	<input type="checkbox"/> Hi-balls <input type="checkbox"/> Wine <input type="checkbox"/> Domestic Draft <input type="checkbox"/> Coolers/Ciders <input type="checkbox"/> Import Draft <input type="checkbox"/> Bottle Beer <input type="checkbox"/> Cocktails <input type="checkbox"/> Pop - <input type="checkbox"/> Juice - <input type="checkbox"/> 0.5% <input type="checkbox"/> Top Shelf (Whiskey/Scotch/Brandy/Aperitifs/Sherry/Tequila/Shooters)				
A. LUNCHEON FOOD, B. WINE, C. JUICE - SUB-TOTALS					\$
ADD 15% GRATUITY					\$
D. FOOD & BEVERAGE SERVICE TOTAL					\$



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Optional/Additional		
ADDITIONAL SERVICES	\$/per	Total \$ 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 \$15.00/hr.	\$
Bartender 1 Shift time:		
Bartender 2 Shift time:		
White Linen Tablecloths for tables		
# ____ Rounds	# ____ X \$8.00	\$
# ____ Rectangle		
White Linen Napkins for dining tables	# ____ X \$1.25	\$
Plastic Tablecloths for Rectangle Tables only		
Colour(s): _____	# ____ X \$6.00	\$
# ____ Rounds		
Plastic Tablecloths for Round Tables only		
Colour(s): _____	# ____ X \$3.25	\$
# ____ Rectangle		
Centerpiece rental –		
<input type="checkbox"/> Client agrees that if centerpiece is missing or damaged that a \$25/centerpiece fee will be deducted from the \$200 Facility Damage Deposit – Extra fees may be charged if this fee is exhausted	# ____ X \$5.00	\$
E: OPTIONAL ADD-ON SUB-TOTAL		\$
D. FOOD & BEVERAGE SERVICE TOTAL		\$
F. Miscellaneous Surcharges (if applicable)		\$
D. + E. + F. = G: TOTAL INVOICE		\$



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Room decorating & table dressing plan:

Room teardown and room reset plan:

Date:

Form completed by:

Client signature:

Notes: