



EVENT ORDER FORM

CLIENT NAME:

EMAIL ADDRESS:

TELEPHONE NUMBER:

Need to schedule a phone consultation about your addition needs? Yes / NO

DATE OF EVENT:

NAME OF LOCATION:

ADDRESS:

CHECK IN PERSON:

PARKING INFO/ COST:

GUEST ARRIVAL/ DEPARTING TIME:

NUMBER OF GUEST:

SPECIAL NOTES: PLEASE NOTE IF YOUR EVENT IS BUFFETT/ COCKTAIL/SEATED/ DISPOSABLE OR CHINA.

*Include quantity of staff needed and the time you would like staff to arrive.

CAPTAIN(S):

BARTENDER(S):

BARBACK(S)

SERVER(S):

BUSSER(S):

CHEF ATTENDANT(S):

DISHWASHER(S):

SPECIAL NOTES: (If you would like to request a team member list their name in this section)

CONTACT

EVENT

STAFF

