

Primary Contact Name:

Company/Organization Name (if applicable):

Phone Number: _____

Email Address: _____

Billing Address: _____

Event Logistics

Event Date: ____ / ____ / _____

Event Type: ☐ Wedding ☐ Corporate ☐

Private Party ☐ Gala/Fundraiser ☐ Other:

Estimated Guest Count: _____

Venue Name: _____

Venue Address: _____

Access/Setup Start Time: _____

AM/PM

Food Service Start Time: _____

AM/PM

Event End Time: _____ AM/PM

Menu & Beverage Preferences

Service Style Preferred:

- ☐ Drop-off & Go
- ☐ Plated / Sit-down
- ☐ Family Style
- ☐ Appetizers Only

Requested Menu/Cuisine :

Dietary Restrictions & Allergies:

Please list any specific dietary needs:

Gluten-Free__

Vegan: ____

Vegetarian: __

Nut Allergies: _

○

Other notes: _____

Venue Capabilities & Staffing

Venue Kitchen Access:

- ☐ Full Commercial Kitchen
- ☐ Residential Kitchen
- ☐ Prep Space Only
- ☐ No Kitchen/Prep Space

Equipment Available On-Site:

- ☐ Ovens
- ☐ Refrigeration
- ☐ Sinks
- ☐ Ice Machine

Budget & Administration

Estimated Catering Budget: ☐ Under \$1,000 ☐ \$1,000 - \$3,000 ☐ \$3,000 - \$5,000 ☐ \$5,000+

Target Budget Per Person (if known): \$_____ / person

How did you hear about us?

Additional Comments / Special Requests:
