



THE WET CLAM CATERING / PRIVATE PARTY FORM

Name _____ Email _____ Phone _____

Address _____

Type of Event _____

Number of people **ESTIMATED** _____

Hours of event _____

YOUR choice of Catering menu OR Food Truck mobile menu _____

Dessert Option _____

Style requested: **A.** Food Truck meals open hours **B.** One meal per person **C.** Tickets provided for meals

ALLERGIES _____

YOUR ESTIMATED BUDGET EVENT _____

Special Requests _____

Additional staff service requests _____

STAFF REFERRAL _____

COMMENTS: _____

DATE RECIVED REQUEST _____

DEPOSIT _____ DATE RECIVED _____

The Wet Clam Staff Approval _____