



Historic Table Interest/Information Sheet

Date wanted_____

Name_____ Group/Organization_____

Number of guests_____ Phone number_____

Theme_____ Email address_____

What is the occasion?_____

Are all guests 21 and over? _____

If no, how many under 21? _____

Any known food allergies/restrictions in group?_____

If yes, please describe? _____

Location of Historic Feast_____

Address_____

Is parking available for the Historic Table_____

Does location have a full kitchen (stove/oven/refrigerator/sink)_____

If no, please describe the staging area?_____

What shape is the table(s)?_____

Approximate dimensions of table(s)_____

Would you like a historic presentation? (If no, Chef Mike will just briefly introduce the food _____. If yes, long or short?_____

Additional notes _____

