

Bee's Kitchen & Catering

Catering Contract



Contract Date: _____ Event Name: _____

Contact Information for Event

Contact Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Back-up Contact: _____ Phone Number: _____

Event Information

Location: _____

Event Start Time: _____ End Time: _____ Time of Meal: _____

Planned Set-up Time: _____ (Caterer will be allowed in)

Approximate Number of Guest: _____ Guarantee Final Count: _____

- See Catering Invoice for Pricing Details * Estimated Total for the event: _____

Payment Terms & Cancellation Fees:

- A deposit of 25% of the anticipated total is required to confirm your event reservation. **THE DEPOSIT IS NON-REFUNDABLE.**
- Final payment is due in full 14 days prior to the event and Final Count must be given at that time.
- No refunds will be given for Cancellation within 10 days of event. All payment is forfeited.

- Additional Guests: \$5.00 per person after the final deadline. \$10.00 per person added on the day of the event.

X

C l i e n t ' s S i g n a t u r e

D a t e

X

C a t e r e r ' s S i g n a t u r e

D a t e