



Catering [] Inquiry [] Order Form

Today's Date _____

Customer Details

Customer referred by: _____
 Name of Organization: _____
 Contact Name: _____
 Customer Address: _____
 Phone Number: _____

Event Details

Event Location: _____
 Date of Event: _____
 Number of Guests: _____
 Party Hours: _____ Start Time: _____ End Time: _____
 Phone Number: _____

Food Details:

(Please use our online menu to list below the food items you are interested in ordering:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Other Food items: Please list below any other kind of food items you are interesting having at your event that are not provided in our sample menu.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Any additional service(s) requested - Check (using "X"):

<input type="checkbox"/> Soft Beverages	<input type="checkbox"/> Flowers
<input type="checkbox"/> Valet Service	<input type="checkbox"/> Security
<input type="checkbox"/> Beer	<input type="checkbox"/> Wine
<input type="checkbox"/> Photographer	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Cake	<input type="checkbox"/> Other

Additional Comments:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

For Official Use only _____