

Royal Rock Catering Event Order Form

Function Date: _____
Time: _____
of Guests _____

Phone # _____

e-mail _____

Location of Function

Room Name or # _____
Building Contact: _____
Phone Number: _____

Food & Beverage Order		Special Instructions																					
<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 10px;">Office Use Only</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Food:</td> <td></td> </tr> <tr> <td>Beverage:</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Sub Total</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Tax</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Labor</td> <td></td> </tr> <tr> <td>Service Charge</td> <td></td> </tr> <tr> <td>Grand Total:</td> <td></td> </tr> </table>		Food:		Beverage:						Sub Total	\$0.00	Tax				Labor		Service Charge		Grand Total:		Billing Information	
		Food:																					
		Beverage:																					
		Sub Total	\$0.00																				
		Tax																					
		Labor																					
		Service Charge																					
Grand Total:																							
Deposit: <input type="checkbox"/> at the Conclusion of the Function Due: <input type="checkbox"/> Bill to Contact Below Balance Payable: <input type="checkbox"/> Charge To Account(s) Below <input type="checkbox"/> By Credit Card																							
Tax Exempt Yes <input type="checkbox"/> No <input type="checkbox"/>																							
Name: _____																							
Address: _____																							
Phone: _____																							
Budget or CC Number: _____																							
Expiration Date: _____																							
Account(s) _____																							

