



CATERING REQUEST FORM

CONTACT NAME:

COMPANY NAME:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

NAME AND DATE(S) OF EVENT:

NUMBER OF ATTENDEES:

EVENT LOCATION:

McMAHON STADIUM

SCOTIABANK SADDLEDOME

OTHER

ROOM CONFIGURATION:

FOOD AND BEVERAGE REQUIREMENTS:

START/END AND MEAL TIMES OF EVENT:

SUBMIT