

Catering and Banquet Order

Date of Event : _____ Time(s) of Event _____

Type of Party: _____ No. Of Guests _____

Location: Tent _____ Patio _____ Dining Rm. _____ P.D.R. _____ Offsite: _____

Contact(s): _____

Company: _____

Mailing Address: _____

Offsite Catering Address (if different than above):

Contact Phone Office: _____ Home: _____ Mobile: _____

FAX: _____ Email: _____

Menu Selections: _____

Minimum Food and Beverage Charge (if applicable): \$ _____

Deposit: \$ _____

Set-up Fees: \$ _____

Liquor: Cash & Carry Bar _____ Open Bar \$: _____

Linen: Multi-Colored _____ All White _____ Colored _____

Extra Rentals: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Estimated Cost (this is not a price guaranteed): \$ _____

Credit Card #: _____ Exp. _____

Name on Card: _____

Table Configuration: _____

Special Instructions: _____

I acknowledge the above order information is correct.

Client Name and Signature

Date