



Please complete the following information
50% deposit on catering due two weeks prior to event date. Please re-confirm
final meal count 7 day's prior to event date. After confirmation you are
financially responsible for the total number of dinners ordered.

Group Name: _____ Event Date: _____

Your Name: _____ Event Day: _____

Phone: _____ Fax: _____ Cell: _____ Email: _____

Full Address City/Zip _____

Menu Selection#: _____

Extras: _____

Extras: _____

Extras: _____

Meal: _____

Ages 6 & Older: _____ Meal Cost P.P.\$ _____

Ages 3 - 5: _____ Meal Cost P.P.\$ _____

Total Beverage Service# _____ x\$ _____ P.P: _____ = _____

Total Meal Service# _____ x\$ _____ P.P: _____ = _____

Extras: _____

Extras: _____

Total Catering Cost\$ _____