

# CATERING ORDER SHEET

Event

Date:

<b>First Name</b>	
<b>Last Name</b>	
<b>Address</b>	
<b>Main Phone</b>	
<b>Cell Phone</b>	
<b>Email</b>	
<b>Location</b>	
<b>Event Name</b>	
<b>Guest Count</b>	
<b>Food &amp; Beverages</b>	
<b>Seating Linen</b>	Yes or No
<b>China</b>	Yes or No
<b>Disposable China</b>	Yes or No <b>If yes, Reflections or Clear</b>

<b>Food Delivery Time</b>	
<b>Event Start Time</b>	
<b>Event End Time</b>	
<b>Food Clean Up Time</b>	
<b>Special Instructions and/or Decorations</b>	
<b>Payment Type:</b>	Credit Card: Check: Donation: Account Number: <b>Tax Exempt:</b> Yes or No