



FLAVOURS  
by **sodexo**  
**MAGIC**

*Catering Order Form*

<i>Event/Group:</i>	<i>Date of Event:</i>
<i>Location:</i>	<i># of Guests:</i>
<i>Time of Event:</i>	<i>Set Up Time:</i>
<i>Contact Name:</i>	<i>Contact Phone Number:</i>
<i>Account Code to Charge:</i>	<i>Date Ordered:</i>
<i>Cost:</i>	<i>Breakdown Time:</i>

<i>Menu:</i>	<i>Description:</i>
<i>Special Instructions:</i>	

Fax To: (517)755-2759 or email: [schoolmeals@lansingschools.net](mailto:schoolmeals@lansingschools.net)