

Culinary Arts Catering Request Form

Organization: _____ Contact Name: _____ Contact Address: _____ _____ Phone Number: _____ E-mail Address: _____ Bill To Address: _____ _____ Guest Entrance: _____	Function: _____ Date of Function: _____ Number of Guests: _____ Location: _____ A/V Needs: _____ Set-up Information Table Set-up Style: _____ Set-up Time: _____ Linens Needed?: _____ Linen Color: _____ Napkin Color: _____ Service Style: <input type="checkbox"/> Buffet <input type="checkbox"/> Served
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Food Service Information

Event Start Time: _____
 Event End Time: _____
 Food Service Time: _____

<input type="checkbox"/> <u>Breakfast</u>	<input type="checkbox"/> <u>Lunch</u>	<input type="checkbox"/> <u>Dinner</u>	<input type="checkbox"/> <u>Dessert</u>
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<input type="checkbox"/> Hot <input type="checkbox"/> Continental <input type="checkbox"/> Deluxe Continental <input type="checkbox"/> Breakfast Sandwiches <input type="checkbox"/> Chef's Choice	<input type="checkbox"/> Soup <input type="checkbox"/> Salad <input type="checkbox"/> Sandwiches <input type="checkbox"/> Entrée <input type="checkbox"/> Vegetable <input type="checkbox"/> Starch <input type="checkbox"/> Chef's Choice	<input type="checkbox"/> Soup <input type="checkbox"/> Salad <input type="checkbox"/> Entrée <input type="checkbox"/> Vegetable <input type="checkbox"/> Starch <input type="checkbox"/> Vegetarian <input type="checkbox"/> Chef's Choice	<input type="checkbox"/> Cookie Tray <input type="checkbox"/> Special Occasion Cake <input type="checkbox"/> Plated Dessert <input type="checkbox"/> Assorted Pastries <input type="checkbox"/> <u>Cupcakes</u> <input type="checkbox"/> Regular <input type="checkbox"/> Gourmet <input type="checkbox"/> Large <input type="checkbox"/> Mini
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Beverage Service

Coffee Service
 Bottled Drinks
 Iced Tea / Lemonade
 Specialty Drink
 Other (please list)

Menu Selection / Allergy Information / Special Instructions

For Business Office Use Only

\$ _____ Food and Non-Food Items	<input type="checkbox"/> Resource Scheduler
\$ _____ Service Fee	<input type="checkbox"/> Entered
\$ _____ Deposit (Events over \$200 - 1 Week in Advance)	<input type="checkbox"/> Submitted
\$ _____ Total Estimated Cost \$ _____ p/p	<input type="checkbox"/> Copy Filed

** Menu and Pricing are subject to change based on market conditions and availability**

I understand that students perform the service(s) requested. I accept full responsibility and hereby release CMTHS personnel and students from any and all liability.

Customer Signature: _____	Date: _____
Instructor Signature: _____	Date: _____
Administrator Signature: _____	Date: _____