



Catering Intake Form



Please complete the form below as thoroughly as possible so that we can better assist your planning needs.

CLIENT INFORMATION

HOST/ SPONSOR NAME:

RANK/ GRADE:

GROUP/ ORGANIZATION:

ADDRESS:

PHONE NUMBER:

E-MAIL:

EVENT INFORMATION

TYPE OF OCCASION: Other

SET-UP STYLE: Other

MENU: Other

VENUE:

PER PERSON BUDGET (*REQUIRED)

APPROXIMATE START TIME:

APPROXIMATE NUMBER OF ATTENDEES:

CONFIRMED # OF ATTENDEES:

REQUESTED DATE OF FUNCTION:

APPROXIMATE SERVING TIME:

ADDITIONAL QUESTION OR COMMENT:

AGREEMENT

SIGNATURE:

DATE:

FOR OFFICE USE ONLY

DATE GUEST CONTACTED:

REPRESENTATIVE: