Name:					
Group	/ Company:				
Phone: E-			-mail:		
Addres	s:				
City:	State:	Zip:			
Schedu	ling				
Date of Event:			Secondary Date:		
Time S	pan of Event:			AM PM	
Locatio		start		End	
Type:	☐Drop Off	□Set up /	clean up	Full Service	
Detail					
# of People:			Budget:		
Service Style: Plated Buffet Passed					
Provide Paper Products?					
Menu	Hot	\Box Cold			
Meal:	Breakfast	Lunch	Dinn	er Hors'doeuvres	
Meat:	☐ Beef:	Poult	ry:	☐Fish:	
Pasta: White Sauce: Red Sauce:					
Vegetal	hla•	Star	ch•		

Dietary Restrictions: Food Allergies: Customer Intake Form Cater 2 U 2012 Décor / Theme Customer to supply décor We are providing décor \$ **Rental / Equipment Needs** Tent Size: Tables Size: Qty: Chairs Qty: Style: Glassware Style: Qty: Glassware Style: Qty: Style: Flatware Qty: China Style: Other: Qty: **Service Staff** Rate: \$ Server # hr Bartender # Rate: \$ hr Chef # Rate: \$ hr ∐Utility # Rate: \$ hr **Service Goals** 1) 2) **3**)

Proposal Date:

Contract Signed:

Menu Confirmed:

Confirmation of Guests:

Deposit Paid:

Final Payment: