

Catering Contract Worksheet

Requestor Name _____

Name of Organization _____

Billing Name _____

Billing Address _____

Estimated Number of Guests _____ ** Final Guarantee of Guests _____

Event Date _____ Event Day _____ Serving Time _____

Event Location _____

Event will be (Circle One) Breakfast Lunch Dinner

Menu		Requestor Will Provide	Culinary Arts Will Provide
_____	Tables	<input type="checkbox"/>	<input type="checkbox"/>
_____	Chairs	<input type="checkbox"/>	<input type="checkbox"/>
_____	Tablecloths	<input type="checkbox"/>	<input type="checkbox"/>
_____	Color: _____		
_____	Linen: _____		
_____	Napkins	<input type="checkbox"/>	<input type="checkbox"/>
_____	Color: _____		
_____	Linen: _____		
_____	Centerpiece	Yes	No
_____	Head Table		
_____		No. of persons:	_____
_____		Table	_____
_____		Line	_____
_____		Buffet	_____
_____	Paper Mats	Yes	No
_____	Paper Napkins	Yes	No
Price \$ _____	Authorization Signature	_____	
	Culinary Arts Signature	_____	

Please make checks or purchase orders payable to _____ Full payment due the day of the event unless other arrangements are approved in advance. Late payment past due five working days will be charged an additional ____%.

**Final guarantee: _____ must be notified of your final guarantee 48 hours (excluding weekend) prior to the event. If notified by this date, the preliminary estimate will be used as the final guarantee.