

**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
_____	<b>Tables</b>	<input type="text"/>	<input type="text"/>
_____	<b>Chairs</b>	<input type="text"/>	<input type="text"/>
_____	<b>Tablecloths</b>	<input type="text"/>	<input type="text"/>
_____	Color: _____		
_____	Linen: _____		
_____	<b>Napkins</b>	<input type="text"/>	<input type="text"/>
_____	Color: _____		

**LIBERTY PLAZA**  
**335 George Street, 2<sup>nd</sup> Floor**  
**New Brunswick, New Jersey 08903**

Verify if  
 is required  
 rejection

Important Note: Bidders should check Section 1.3 of this document to verify attendance at a mandatory event (e.g., pre-bid conference, site visit, etc.) for this procurement. Failure to attend a mandatory event will result in the rejection of your proposal.

I agree, if their  
 submitted in

In accordance with the requirements of this proposal, the undersigned offers an agreement to furnish any and all services for which the prices are submitted in accordance with the attached conditions as specified in this proposal.

NAME OF  
 AUTHORIZED

BIDDER'S NAME  
 AND ADDRESS

SIGNATURE AND TITLE  
 AUTHORIZED INDIVIDUAL

\_\_\_\_\_  
 Name (signature)