

Prepared By:	
Date:	

North End Cafe

Catering / Event Worksheet

EVENT NAME:		EVENT DATE:	
EVENT TIME:		SETUP TIME:	
CLIENT NAME:		TAX STATUS:	If exempt, letter received?
BILLING ADDRESS:			
MAIN CONTACT NAME:	Phone:		email:
ALTERNATIVE CONTACT:	Phone:		email:
TYPE OF EVENT:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Picnic/BBQ <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Luncheon </div> <div> <input type="checkbox"/> Surprise party <input type="checkbox"/> Business meeting <input type="checkbox"/> Breakfast Meeting <input type="checkbox"/> Cocktail Party </div> </div> <p>Describe:</p> <p>Type of Service: (table, carry out trays, buffet, serving staff, other) – describe:</p> <p>Alcoholic Beverage Service (cash bar, open bar, cork fee) – describe:</p> <p>Supplies needed (tables, chairs, table ware, linens, table cloths etc.)-</p>		
NUMBER OF GUESTS:			
Event Location:			

MENU SELECTIONS