

CATERING CONTRACT

Name:	
Address:	
City, State/Prov, Zip/Postal:	
Contact Person (if company):	
Phone:	
Fax:	
Email:	
Date of Function:	
Time of Function:	
Location of Function:	
Type of Function:	
Guaranteed Number of Guests: (include all attendees, e.g. ministers, photographers, musicians, etc)	
Meal(s) Serving Time(s):	

CONTRACT PRICE:	
Food Total:	\$ _____
Liquor Total	\$ _____
Equipment Rental:	\$ _____
Linens:	\$ _____
Flowers, Candles, Centerpieces:	\$ _____
Bartender (if required): \$ _____ per hour x _____ hrs	\$ _____
Coat check / valet (if required): \$ _____ per hour x _____ hrs	\$ _____
Other: _____	\$ _____
Sales Tax (____%)	\$ _____
[delete if not applicable: GST (____%)]	\$ _____
Gratuuity (____%)	\$ _____
TOTAL OF CONTRACT:	\$ _____
Less deposit (paid):	\$ _____
Less any additional prepaid amounts:	\$ _____
OUTSTANDING BALANCE:	\$ _____
(Must be paid in full no later than _____ days prior to the event date)	