

## Catering Questionnaire

### Group Information

Group/Event Name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ GL# (for internal groups): \_\_\_\_\_

### Event Information

Catering Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event start time: \_\_\_\_\_ Event end time: \_\_\_\_\_

Time you are eating: \_\_\_\_\_ Food Budget: \_\_\_\_\_

### Catering Information

Number of people: \_\_\_\_\_

Buffet  Served Meal

Please describe the kind of food you are wanting:

\_\_\_\_\_

What time would you like the food ready? \_\_\_\_\_

What time would you like the remaining food and dishware picked up? \_\_\_\_\_

*(Note: All events default to a minimum two hour catering service.)*

Would you like to include the beverage service that includes coffee, decaf, tea and ice water?

Yes  No

*(Note: This is already included with all full meals.)*

Any additional beverages? \_\_\_\_\_

Dishware:  China  Fancy Plastic *(Note: The china is an added charge.)*

Extra linens?  Yes  No If yes, which tables? \_\_\_\_\_

*(Note: The linens on the beverage and food tables are included in the cost. All other linens are extra.)*

Any other specific requests?

\_\_\_\_\_