

Catering Form

FACILITY & CALENDAR CLEARANCE FORM MUST BE APPROVED BEFORE FOOD CAN BE ORDERED.

NAME OF ORGANIZATION/DEPARTMENT:	NAME OF EVENT:
ORDERED BY:	DATE OF EVENT:
ADDRESS:	EST # OF GUESTS:
PHONE #:	TIME OF EVENT:
BILL EVENT TO (Dept. #):	TIME TO SET BY:
LOCATION OF EVENT:	TIME TO PICK UP:
<input type="checkbox"/> PICK-UP <input type="checkbox"/> DELIVERED	PRICE ESTIMATE:
MEAL: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACK <input type="checkbox"/> SERVED <input type="checkbox"/> BUFFET	
<input type="checkbox"/> DISPOSABLES <input type="checkbox"/> CHINA <input type="checkbox"/> LINEN	

Items requested:

Special Instructions:

Bill Information:

# OF PEOPLE OR GUARANTEED:	PRICE PER PERSON:	SUBTOTAL:
SERVICE CHARGE: NC	STAFF CHARGE: NC	TAX: NC
GRAND TOTAL:		

Patrons Signature _____

Date: _____

FSD Signature _____

Date: _____

Please return this form to lanea@ruidososchools.org