

Group: \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Date: \_\_\_\_\_ Set Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ Attendance \_\_\_\_\_

Location: \_\_\_\_\_ Price: \_\_\_\_\_

Linen Needed: ---120's \_\_\_\_\_ 72's \_\_\_\_\_ Napkins \_\_\_\_\_

\_\_\_\_\_ Type of Service ----- Circle One ----- Buffet ----- Served ----- Pick Up ----- Delivered -----

Food Requested:

Tables/Skirting  
Center Pieces Yes/No

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Staff:	Bill To:
	Tax Exempt #