Special Event information form

- Name: billing person,phone#,email,physical address
- Name: on site day of event host/contact, phone#,email,event address
- Date of event
- Number of guests (estimated range,final count 10 days before event)
- Type of occasion (birthday,holiday,bridal shower,celebration of life)
- Duration and or timeline of event and or activities
- Type of fare (brunch, lunch, picnic, dessert, happy hour appetizers, dinner)
- Service style:
  1. On site service (server, bartender,chef)
  2. drop off/return pick up with china & glassware
  3. drop off on disposables
- Type of menu:
  1. Passed hor d'oeuvres
  2. Buffet
  3. Family style
  4. Plated

(or a combination,passed hor d'oeuvres & dinner buffet/plated salad & family style lunch)

- Guests with dietary restrictions

Name:
Allergies:
Dislikes:

- Beverages: Type of non alcohol (sparkling waters,sodas,ice tea,lemonade,punch)
- Ice
- Rentals: plates,bowls,silverware,glassware,linen(napkin/ table cloth)