



REQUEST FOR CATERING SERVICES

CLIENT NAME: _____

CONTACT: _____

PHONE NUMBER: _____

ALT. PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

EVENT DATE(S): _____

EVENT TIME(S): _____

EVENT ADDRESS: _____

HEADCOUNT: _____

MEAT LASAGNA

STUFFED MUSHROOMS

BAKED ZITI

TERIYAKI CHICKEN WINGS

ZITI OR LINGUINE WITH MEATBALLS

GARDEN SALAD

CHICKEN ZITI AND BROCCOLI

ANTI PASTO SALAD

PASTA PRIMA VERA

CAESAR SALAD

CHICKEN CACCIATORE
(OVER ZITI OR LINGUINE)

OTHER: _____

SAUSAGE CACCIATORE
(OVER ZITI OR LINGUINE)

AN ESTIMATED QUOTE FOR CATERING SERVICES WILL BE PROVIDED ONCE A MENU HAS BEEN SELECTED AND AN APPROXIMATE HEADCOUNT IS GIVEN. A FINAL PRICE WILL BE DETERMINED WHEN THE MENU IS FINALIZED AND A FINAL HEADCOUNT IS PROVIDED BY THE CLIENT. INITIAL ESTIMATES ARE ONLY ESTIMATES AND MUST REMAIN ESTIMATES UNTIL THE FINAL HEADCOUNT IS MADE. A FINAL HEADCOUNT IS EXPECTED SEVEN (7) DAYS PRIOR TO THE CATERED EVENT. A 25% DEPOSIT IS REQUIRED AND THE REMAINING BALANCE IS EXPECTED AT THE TIME SERVICE IS RENDERED.

IF THERE IS AN ENTRÉE YOU WOULD LIKE THAT IS NOT LISTED, PLEASE INQUIRE ABOUT IT. WE WILL DO OUR BEST TO SATISFY YOUR CATERING NEEDS.

Payment Information: No Personal Checks Accepted. Forms of acceptable payment include:

Cash, Bank Check, Money Order or American Express, MasterCard, Visa or Discover (circle one):

Card #: _____ Expiration Date: _____

Signature (required): _____ Date: _____