

Food Service Request Form

Event _____ Today's Date _____

Date of Event _____ M T W TH F SA SU Location _____

Contact Person _____ Phone # _____

Department/ Committee _____ Number of Attendees _____

Set Up Time _____ Service Time: From _____ To _____

Type of Service (Circle service and note menu items selected from Catering brochure)

*Beverage, Classic Hors D' Oeuvres, & Continental Breakfast 48 hour notice.
*All other service selections 1 week notice.

Beverages Classic Hors D' Oeuvres Continental Breakfast Traditional Breakfast
Traditional Luncheon Classic Luncheon Traditional Buffet

Details:

If you are ONLY ordering Beverage Services, indicate the items and quantity

	<u>QUANTITY</u>
Bottled Water- \$.40	_____
Coffee, Decaffeinated Coffee, Hot Tea- \$.50	_____
Assorted Sodas- \$.50	_____
Iced Tea or Punch- \$.30	_____
Bottled Fruit Juice- \$.65	_____

Level of Service Plastic China

Linen Requirements _____

*Special Needs contact SAGE Dining @ ext. 243 or sage@jburroughs.org
**We also have an extensive hors d' oeuvres and upscale menu selection to customize any event.