

COMPANY CATERING CONTRACT QUESTIONNAIRE

EVENT NAME

COMPANY NAME & EVENT

COMPANY NAME: _____

TIME OF EVENT: _____

ADDRESS: _____

DATE OF EVENT: _____

PHONE NUMBER: _____

MINIMUM NO. OF ATTENDEES: _____

FAX: _____

SETUP (PLEASE CHECK ALL THE APPLY)

CLASSROOM

ROUND OF 8

THEATRE

CONFERENCE STYLE

ROUND OF 10

CRESCENT ROUNDS

U-SHAPE

RECEPTION

SPECIAL SETUP (please explain)

HOLLOW SQUARE

LIVING ROOM

NAME OF PERSON SIGNING CONTRACT

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

ON SITE CONTACT

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

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