

**For Office Use Only**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Telephone Follow up: **Y** **N**

# Courtyard Catering Contract

**Customer Information**Customer/Organization Name: \_\_\_\_\_ Student Organization: **Y** **N**

Customer/Organization Billing Address: \_\_\_\_\_

Organization Telephone Number: \_\_\_\_\_ Organization Fax Number: \_\_\_\_\_

**Contact Information (Individual Placing the Order)**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Event Contact Name (if different): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Tax Exempt Number (if applicable): \_\_\_\_\_

**Event Information**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ AM/PM

End Time: \_\_\_\_\_ AM/PM

Estimated Number of Guests: \_\_\_\_\_

*Please see the Catering Menu for our policy on  
estimated number of guests at catered events.*

**Please review the Catering Menu and select all that apply:**

AM Refreshments	<input type="checkbox"/>	Full Service	<input type="checkbox"/>
Luncheon	<input type="checkbox"/>	Delivery/Clean-up	<input type="checkbox"/>
PM Refreshments	<input type="checkbox"/>	Delivery Only	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	Pick-Up	<input type="checkbox"/>
Buffet	<input type="checkbox"/>	Linens	<input type="checkbox"/>
Banquet	<input type="checkbox"/>	China	<input type="checkbox"/>

**Menu selections and other important information:**

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**Customer Signature**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax this completed form to **Faculty Student Association, Attn: Catering Department**, at (315) 786-2312.

You may also bring the completed form to room 4-002. All questions should be directed to Deb Gaudette.

**Deb Gaudette**

Catering Manager

(315) 786-2312

dgaudette@sunyjefferson.edu