

Catering Planning Form

Banquet & Catering Food Order

CONTACT INFO

Order Date: _____
 Department: _____
 SLCC Contact: _____
 Event Contact*: _____
 Event Name: _____
 Address: _____
 City/State/Zip: _____
 Office Phone: _____
 Mobile Phone: _____
 Email: _____
 Fax: _____

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LOCATION

Campus:	
Building:	
Room:	
Event Date:	
Set-Up Time:	
Start Time:	
Delivery Time:	
End Time:	
Clean Up Time:	
Number of Guests:	
Per Person Budget:	
Account Number	70455

EVENT EXTRAS

Pre-Day Setup: _____

Parking: _____

A/V Needs: _____

Key Access For Room: _____

Will Food be Served: _____

Room Design/Setup: _____

(classroom/banquet/etc.)

Other: _____

ADDITIONAL ITEMS

Disposable settings (Yes/No): _____
 China Settings (Yes/No): _____
 Flatware (Yes/No): _____
 Linens (Yes/No): _____

"Green" Settings (Yes/No): _____
 Beverages (Yes/No): _____
 Servers (Yes/No): _____
 Flowers/Decor (Yes/No): _____

	DESCRIPTION	QTY
<i>Enter Special Instructions here:</i>		

* *Event contact is someone who will be at the event.*

Please complete a hosting form for every event and obtain your budget center managers approval prior to the event date.