

*TWO DISHES CATERING REQUEST SHEET*

NAME OF CLIENT(S): \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

STYLE OF EVENT: FORMAL  CASUAL

TYPE OF EVENT: \_\_\_\_\_

ANTICIPATED # OF GUESTS: < 10-25    26-50    51-75    76-100+

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STYLE OF SERVICE: PICK UP    DROP OFF    BUFFET    FAMILY STYLE    PLATED

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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RESTRICTIONS: VEGAN    KOSHER    HALAL    DAIRY FREE    NUT FREE    GLUTEN FREE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PLEASE INCLUDE THE FOLLOWING MENU ITEMS IN THE PROPOSAL

APPETIZERS	<input type="checkbox"/>
SALADS	<input type="checkbox"/>
VEGETABLE SIDES	<input type="checkbox"/>
MAIN PROTEINS	<input type="checkbox"/>
DESSERTS	<input type="checkbox"/>
LATE NIGHT SNACKS	<input type="checkbox"/>

PLEASE INDICATE BUDGET RANGE \$ \_\_\_\_\_

CONTACT EMAIL \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_