

Prepared By:	
Date:	

North End Cafe

Catering / Event Worksheet

EVENT NAME:		EVENT DATE:	
EVENT TIME:		SETUP TIME:	
CLIENT NAME:		TAX STATUS:	If exempt, letter received?
BILLING ADDRESS:			
MAIN CONTACT NAME:		Phone:	email:
ALTERNATIVE CONTACT:		Phone:	email:
TYPE OF EVENT:	<input type="checkbox"/> Reception <input type="checkbox"/> Surprise party <input type="checkbox"/> Dinner <input type="checkbox"/> Business meeting <input type="checkbox"/> Picnic/BBQ <input type="checkbox"/> Breakfast Meeting <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Cocktail Party <input type="checkbox"/> Luncheon		
	Describe: Type of Service: (table, carry out trays, buffet, serving staff, other) – describe: Alcoholic Beverage Service (cash bar, open bar, cork fee) – describe: Supplies needed (tables, chairs, table ware, linens, table cloths etc.)-		
NUMBER OF GUESTS:			
Event Location:			

MENU SELECTIONS