

Special Service Event

Please complete this form in its entirety. Then either print or submit by email.

NUMBER #: _____
INVOICE NUMBER: _____
DATE: _____
TIME: _____

Event Information: (Please give as accurate as possible information filling in all blanks.)

Name of Organization: _____ Event Location: _____

Event Day: M T W Th F S Su Event Date: _____ Number of Guests: _____

Set Up Time: _____ Event Time: _____ Take Down Time: _____

Purpose of Event: _____

Name of Representative: _____ Title: _____

Address/Box #: _____ Phone: _____

Non-USCA Catering Contact Name: _____

Address: _____ Phone: _____ **TAX EXEMPT**

Menu:

Service Notes:

Type of Service:

Buffet Set & Leave Plated and Served

Type of Serviceware:

Disposable China

Extras:

Additional Linens

Price per person : _____

IMPORTANT

Seven days notice must be given for EXPECTED number of people attending. Forty-eight hours notice must be given for GUARANTEED numbers and cancellations for events are calculated and explained in the Catering Guide.

CUSTOMER'S SIGNATURE/ACKNOWLEDGMENT OF SERVICES

X _____

PRICE OF EXTRAS: _____
DELIVERY CHARGE: _____
SUBTOTAL : _____
TAX (.07) : _____
TOTAL: _____
LESS DEPOSIT: _____
AMOUNT DUE: _____