Food Request Form

Name of Event _____

Date _____

Number of Guests _____

Site Trak Reserved _____

Time Reserved _____

Actual Event Time _____

Contact Person _____

Charge to _____

Room (s) _____

Check all that apply:

Coffee	
Water	
Lemonade	
Iced Tea	
Pop	
Orange Juice	
Hot Tea	
Hot Chocolate	
Milk	
Chocolate Milk	

Food Requested _____

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	Naz	Guest
Plates: Real or Styrofoam		
Cups: Real or Styrofoam		
Napkins: Dinner or Beverage		
Silverware: Real or Plastic		
Tableclothes		
Centerpieces		

Cost

Served Buffet	
Self Serve Buffet	
Sit down service	

Food Tables Needed

Food Allergies