

Internal CK Catering Request

Name of Event _____

Department _____

Date of Event _____ Time _____

Set Up Time _____

Hours of Service: _____

Number of People Attending: _____

Contact Name _____

Phone Number _____

Email _____

Fax Number _____

Location of Function: **Albertson's Bistro Volunteer Center** **Community Room** **Other:** _____

Event Description _____

Food Budget _____

Menu Selections:

Type of Service Being Requested:

Plated Buffet

Type of Food Being Requested:

Breakfast Lunch Dinner

Off Menu Requests:

Beverages Being Requested:

Water Ice Tea Juice Coffee Hot Tea
Soda Alcohol?

Food Allergies/Restrictions:

Linens or Flatware: Yes / No **Color:**

Are CK Students Being Requested? YES / NO

Number of CK Staff Needed _____

Notes _____

To ensure we deliver excellent service and delicious food, we would appreciate your cooperation with the following requests:

All orders must be submitted no later than **48 hours** prior to function.

Catering Orders for **5** people or less will be Chef's Choice.