

Food Service Request Form

Event _____

Today's Date _____

Date of Event _____ M T W TH F SA SU

Location _____

Contact Person _____

Phone # _____

Department # to be Charged _____

Number of Attendees _____

Set Up Time _____

Service Time: From _____ To _____

Type of Service (Circle service and note menu items selected from Catering brochure)

Classic Hors D' Oeuvres

Continental Breakfast

Traditional Breakfast

Traditional Luncheon

Classic Luncheon

Traditional Buffet

Details:

**Beverage, Classic Hors D' Oeuvres, and Continental Breakfast 48 hour notice.*

**All other service selections 1 week notice.*

**We also have an extensive hors d' oeuvres and upscale menu selection to customize any event.*

If you are ONLY ordering Beverage Services, indicate the items and quantity

QUANTITY

Water- No Charge

Coffee, Decaffeinated Coffee, Hot Tea- \$5 *each air pot 10pp*

Carafe of Iced Tea or Lemonade- \$1.50 *each carafe 5pp*

Carafe of Fruit Juice- \$2.50 *each carafe 5pp*

Assorted Sodas- \$.50

Level of Service: Biodegradable OR China

Linen Requests:

*Any special requests contact SAGE Dining at Ext. 243 Or sage@jburroughs.org