

Food Service Request Form

Event _____

Today's Date _____

Date of Event _____ M T W TH F SA SU

Location _____

Contact Person _____

Phone # _____

Department/ Committee _____

Number of Attendees _____

Set Up Time _____

Service Time: From _____ To _____

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

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

*All other service selections 1 week notice.

Beverages Classic Hors D' Oeuvres Continental Breakfast Traditional Breakfast
 Traditional Luncheon Classic Luncheon Traditional Buffet

Details:

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

	<u>QUANTITY</u>
Cups for Water - \$.05 <i>(in conference rooms)</i>	_____
Bottled Water- \$.40	_____
Coffee, Decaffeinated Coffee, Hot Tea- \$.50	_____
Assorted Sodas- \$.50	_____
Iced Tea or Punch- \$.35	_____
Bottled Fruit Juice- \$.75	_____

Level of Service Plastic China

Linen Requirements _____

For Special Orders contact SAGE Dining @ ext. 243 or sage@jburroughs.org

**We can make any event custom with our hors d' oeuvres and upscale menu selections.