



# Genuine Foods Catering Request Form

Please submit a minimum of 10 days prior to scheduled event date. Failure to submit this form at least 3 days prior to the event date could result in cancellation and/or you, the service Requestor, being held personally responsible for all catering charges associated with the event.

Department Account #:

Onsite Contact Name:

*If different from Requestor*

Requestor Name:

Onsite Contact Phone

Number:

*If different from Requestor*

Requestor Email:

Requestor Phone Number:

## Event Information

Date of Event:

Location:

Time of Guests Arrival:

Number of Guests

Serving Time Requested:

Guest Type

*Select all that apply*

Clean-up Time Requested:

Student

Board

Faculty or Staff

General Public

Requested Menu Items

Please include all appetizers, entrees, desserts, and drinks

Quantity

Preferred Event Set-up

*Style of service, linens needed (if applicable), any additional requests or instructions.*

*I confirm that the information listed above is correct and hereby authorize payment to Genuine Foods.*

**To be completed by Genuine Foods Staff**

Signature:

Total Estimated Cost:

Balance Due:

Date:

