

EVENT PLANNING GUIDE

CATERING QUESTIONNAIRE

Event Day & Date

Company/Client Name

Order taken by: _____

Today's Date: _____

Contact Information:

First Name _____ Last Name _____

Billing Address _____

Phone Number _____ cell # _____

Email address: _____

Venue (If different from Billing Address)

Address _____

Phone # _____

Date of Event _____

Morning Event _____ Afternoon Event _____ Evening Event _____

Time of Event - From _____ : _____ am/pm To _____ : _____ am/pm

Occasion for Event _____

Budget _____

Number of Adults _____ Children _____ Teens _____ Seniors _____

What type of Service would you like?

Sit-Down _____ Buffet _____ Action Stations _____

Need Staff? Servers _____ Bartenders _____ Kitchen Help _____

If Yes, Continue to Full Service Portion. If No, Go To Menu

MENU QUESTIONS

Any Special Dietary Requirements? _____

APPETIZERS?

What time would you like appetizers served? _____

Appetizers hand-passed or stationary? _____

LUNCH/DINNER:

What time would you like Lunch or Dinner served? _____

DESSERT/COFFEE

What time would you like Dessert served? _____

Coffee Service? _____

Need Coffee Urn(s)? _____

ALCOHOL?

Would you like a catered bar? _____

Martini Bar _____ Beer & Wine _____ Mixed Drinks _____

Theme or Color Scheme? _____

Flowers? _____ Table Arrangements (Centerpieces) _____

Are rentals needed? _____ *We have relationships with several Rental Companies (Town & Country, L.A. Party Rents, Classic Party Rentals.) We are also happy to work with any rental company of your choosing.*

KITCHEN INFORMATION

How many ovens do you have? _____

Do your oven(s) work true to temperature? _____

Size of your oven(s)? Under stove _____ Double stacking _____
(This information determines what size pans we use)

Will we have refrigeration space available? _____

Will we have access to a scullery (dishwashing) area? _____

Will you have parking attendants and/or Security? _____

Will you need our assistance with other party needs?

Ice Delivery _____

Platters & Serving Utensils _____

Chaffing Dishes _____

Coffee Urns _____

PRE-SELECTED MENU

Dietary Requirements _____

Al A Carte: _____

Supplements to Pre-Selected menu: _____

Appetizers: _____

Salads: _____

Entrée: _____

Dessert(s): _____

Beverage Station: _____

