



Catering Consultation

Date:

Planner/Client's Name:	
Address:	
Tel:	Cell:
Email:	
IG/FB:	Budget:

Type of Event: _____	
Event Location: _____	
Date of Event: _____	Time of Event: _____
Time Food is to be served: _____	
Number of Adult Guests: _____	Number of Kid Guests: _____
Theme: _____	
Colors: _____	_____

Location Logistics:	Full Kitchen	Partial Kitchen	Running Water
Table & Chair - Linens: _____ _____			
Catering Service:	Full Service	Drop Off – Set up	Pick up
Type of Food:	Appetizers	Light Hors doeuvres	Heavy Hors doeuvres
	Dinner – Buffet	Sit-down Dinner	Beverage Station
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Known Food Allergies:	Yes	No	
Desserts: _____ _____			
Beverages:	Bottled Water	Soft Drinks	Juice Boxes
	Lemonade	Hot Tea/Coffee Service	Ice Tea
		Alcoholic Beverages	
Notes: _____ _____			