



# CATERING QUESTIONNAIRE & WORKSHEET

Primary Contact Person: (Name, Phone Number and Address)

Email Address (es):

Type of event \_\_\_\_\_ Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Proposal to be sent to:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Approximate Number of Guests (minimum and maximum expected)? \_\_\_\_\_

Estimated Budget (Total or per person) \_\_\_\_\_

Setting: Formal      Semi-formal      Casual      (Circle One)

Type of Food or Menu Interested in \_\_\_\_\_

## Food Service

Buffet – Serve Yourself      Yes      No

Seated – Servers Present the Meals      Yes      No

Head Table Service      Yes      No      Plated      Family Style

Cake Serving/Service Requested      Yes      No

Do you have a cake knife & server      Yes      No

Do we need to provide plates & forks      Yes      No

## Beverage Service

Coffee      Yes      No      Separate Table      Carafes on Tables

    Cups Needed      Yes      No      1481 Grille Provide      You Provide

Punch      Yes      No

    Cups Needed      Yes      No      1481 Grille Provide      You Provide

    Bowl Needed      Yes      No      1481 Grille Provide      You Provide

Ice Water      Yes      No      Separate Table      Pitchers on Table

    Glasses Needed      Yes      No      Plastic      Bottled

Canned Soft Drink      Yes      No      Quantity \_\_\_\_\_

Alcohol Service      Yes      No

    What items and services are needed \_\_\_\_\_

Will beverage services be needed after the foodservice has ended?      Yes      No

Will you require the use of beverage equipment after the foodservice?      Yes      No

**Location of Event:** \_\_\_\_\_

**Indoors –**

Kitchen available Yes No

Working Equipment Yes No

List of available equipment \_\_\_\_\_

Approximate Size of Kitchen \_\_\_\_\_

Number of serving tables \_\_\_\_\_

Is there a separate staging room Yes No

Location \_\_\_\_\_

**Outdoors –**

Covered/Sheltered Area(s) Yes No

Size of seating area \_\_\_\_\_

Number of serving tables \_\_\_\_\_

Size of serving & Prep area \_\_\_\_\_

**Utilities**

Water Yes No

Electricity Yes No

Uncovered Area(s) Yes No

**Event Theme or Colors:**

**Special Meal Item Requests:** \_\_\_\_\_

**Special Accommodations:** \_\_\_\_\_

**Additional services requested:** Leftover wedding cake – cake top packaged, food-to-go (for bride and groom), centerpieces, candles, rental items etc.:

**Table & Dinnerware**

**Foam**

Dinner Plates

Salad Plates

Appetizer Plates

Cake Plates

Coffee Cups

**Plastic**

Dinner Plates

Salad Plates

Appetizer Plates

Cake Plates

Water cups

Wine Glasses

Silverware

**Melamine**

Dinner Plates

Salad Plates

Appetizer Plates

Real Silverware

