

Event Information Sheet

Day: _____ Date of Event: _____ Time Begins: ____ am/pm Time Ends ____ am/pm

Organization and Event Name _____

Event Contact Person _____

Billing Address _____

Phone # _____ Fax# _____ Email Address _____

Delivery Address _____

Room Reserved at Hillel _____ Budget Code _____

Number of People expected _____

Food (Please check all that apply)

- Buffet
- Plated # of courses ____
- Family Style
- Tray w/Lid
- Take Out (To Go)
- Delivery

Food should be-(Please check all that apply)

- Vegetarian
- Dairy
- Meat
- Pareve

Appetizers: _____

Soup: _____

Salad: YES/NO (Circle one) If YES, salad dressing _____

Entrée #1 _____

Entrée #2 _____

Entrée #3 _____

Sides _____

Dessert_____

Beverages_____

Condiments_____

Large Plates/Small Plates _____ Napkins_____

Utensils (Knives, Forks, Spoons, Stirrers)_____ Cups _____

A/V Equipment Required (circle): Wireless Mic/VCR or DVD player/Sound System/Other_____

Table set up: Linen_____ China_____ Disposable Products_____

Wine: On Tables_____ Open Bar_____ Red_____ White_____ Other_____

Needed help? (Servers, Waiters, Bartenders) Y/N

If so, how many will you need of: servers____ waiters____ bartenders____

Reserve Room with Michael

DONE

Do you need a receptionist outside normal business hours?YES/NO

(Normal hours are 8am-midnight weekdays; 9:30-11:00pm weekends)

Do you need security outside normal business hours?

YES/NO

Received&Approved Executive Director (signature)_____ Date:_____

Received&Approved Food Service Director(signature)_____ Date:_____

Received by Hillel/All Star Caterers Staff member(signature)_____ Date:_____