

CN CATERING EVENT REQUEST FORM

**EACH EVENT LOCATION HAS MINIMUM ORDERING REQUIREMENTS. PLEASE REFER TO THE CN CATERING ORDER GUIDE FOR YOUR LOCATION'S ORDERING REQUIREMENTS.
THANK YOU FOR YOUR REQUEST!**

Event Information: Please complete event details below. (No address needed if you are a past guest.)

Date of Event: _____	Name of Event: _____
Type of Event: _____	Number of Persons: _____
Event Start Time: _____	Service Start Time: _____
Location of Event: _____	Event Stop Time: _____
Location Address: _____	
Contact Person: _____	Contact Telephone: _____
E-mail: _____	Special Instructions: _____
_____	_____

Billing Information: Please complete details below. (No address needed for internal guest.)

Date: _____	
Campus: _____	Requested By: _____
Host Department/Organization: _____	
Bill To: _____	
Billing Address: _____	
Billing Contact: _____	Contact Telephone: _____
IRQ#: _____	PLEASE ADD YOUR IRQ# WHEN YOUR QUOTE IS COMPLETE.

Please note the item you wish from the CN Catering Menu. Example: A Basic or Budget or Deluxe box lunch, the meats, cheeses or bread desired and the count of each type. Also, please list beverages and/or desserts separately. We want your order to be perfect!

Please complete and send to cn-catering@aldineisd.org. Or call 281-985-6463 or 281-985-6450
 Chef Catering: Steve Crisler Catering Assistant: Josephine Tyler

Signature: _____ Date: _____