

## 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](mailto:cn-catering@aldineisd.org). Or call 281-985-7895 or 281-985-6450  
 Chef Catering: \_\_\_\_\_ Catering Manager: **Valorie Chambers**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_