



CATERING FORM

**10 guest minimum.*

Fill in or circle the following information and then fax 1-888-371-8114 or email cateringbyernieg@gmail.com this form to our catering staff to place your order. We will contact you to confirm we have received your order and review the details.

Contact Person's Name: _____

Contact Person's Phone Number _____ Email Address: _____

Date of Event: _____
Month Day Year

Number of Guests: _____

Type of Service Requested: Full Service Delivery Pick Up

Delivery Time for Order: _____ a.m. or _____ p.m. or Not Applicable

Address for Delivery: _____

Will Servers be Required? Yes No Additional Servers Needed? Yes No

Length of Time Servers will be needed: _____ hours

Type of Beverages (sodas, juice, coffee, tea, etc): _____

Will alcohol be required for delivery or to be served? Yes No

Will you need ice: Yes No

Any special instructions: _____

