Augustana Dining Services Catering Order Form

Event Date	Client/Organization	ent/Organization Booking Contact			Booking Telephone				Guest/Attendance		
Party Name		Site Contact		Site Telephone				Actual Guest			
Room/Address		Theme		Account #1				Payment Method			
Description	Del. Time	Setup Time	Start Time		Serving	g Time	End	Time	Room		
Room Se	et Up Notes		_				ļ				
Quantity	Menu Item				Price				Total		
Total Cost							;				
	ace your order us will send you the						our o	rder, o	our catering		
Please sig	n below and fax	this form to	(309) 794	-766	9.						
Signature					_						
Event No	<u>otes</u>										