

Please send completed form to **catering@wncc.edu** to begin the catering process.  
**Please submit forms at least one week in advance of event.**

\* Required Field

\*Start Time: \_\_\_\_\_ \*End Time: \_\_\_\_\_

\*Contact Person: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Name of Event: \_\_\_\_\_

Room #: \_\_\_\_\_

# Attending: \_\_\_\_\_

\*Charge Tax: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Event Requested By: \_\_\_\_\_

\*Billing Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attention: \_\_\_\_\_

Special Linen Requests: \_\_\_\_\_

*Extra fees will apply.*

Special Dietary Needs: \_\_\_\_\_

**AM Set-up Time:** \_\_\_\_\_

Bakery Items: \_\_\_\_\_

Fruit: \_\_\_\_\_

Yogurt: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**Lunch/Dinner Time:** \_\_\_\_\_

Entree: \_\_\_\_\_

Potato: \_\_\_\_\_

Vegetable: \_\_\_\_\_

Salad: \_\_\_\_\_

Dessert: \_\_\_\_\_

Other: \_\_\_\_\_

**PM Set-up Time:** \_\_\_\_\_

Cookies: \_\_\_\_\_

Popcorn: \_\_\_\_\_

Chex Mix: \_\_\_\_\_

Trail Mix: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**Beverage:**

Regular Coffee:

Decaf Coffee:

Hot Tea:

Iced Tea:

Juice:

Small Bottled Water:

Large Bottled Water:

Soda:

**Beverage:**

Regular Coffee:

Decaf Coffee:

Hot Tea:

Iced Tea:

Juice:

Small Bottled Water:

Large Bottled Water:

Soda:

**Beverage:**

Regular Coffee:

Decaf Coffee:

Hot Tea:

Iced Tea:

Juice:

Small Bottled Water:

Large Bottled Water:

Soda:

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

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<p>For office use only.</p>
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