

Please send the completed form to **catering@wncc.edu** to begin the catering process.

* 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: _____

For office use only.
