



Please Return form to:

email: dtccatering@perkinsusa.com

Phone: _____

Event Date (Day, Month, Date, Year)	Event Name	Location of Event	Event Set Up Time	No. Of Guests
Meal Time (If Different from Set Up Time)		End Time	Contact Person	Campus/Outside Group
			<input type="checkbox"/> Campus <input type="checkbox"/> Outside Group	Department
Contact Person Phone	Email	Fax		
Address (Street)		City	State	Payment Method
			<input type="checkbox"/> PO # <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check	
Zip Code	Zip Code			
Type of Service: <input type="checkbox"/> BREAK <input type="checkbox"/> Buffet Service <input type="checkbox"/> Served Meal <input type="checkbox"/> Reception				
Menu:		Desserts:		
		Beverages:		
Set-up Instructions:				
Special Linen, Centerpieces, China Request:				
Linen:	Color: no preference	Size: 85(covers table top)	90(Covers Half to Floor)	120(To the Floor)
Linen Napkins	Color:	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
China Service:	<input type="checkbox"/> Yes <input type="checkbox"/> NO			
Plastic Service	<input type="checkbox"/> Yes <input type="checkbox"/> NO			
Paper Napkins: yes	Color: no preference			
****PLEASE BE AS DETAILED AS POSSIBLE****				
CANCELLATION POLICY & FINAL GURANTEE IS DUE 72 HOURS PRIOR TO THE EVENT				