

CATERING ORDER SHEET

DELIVERY ORDER SHEET

PICK-UP ORDER SHEET

Catering Date: ____/____/____

Delivery Date: ____/____/____

Pick-Up Date: ____/____/____

Customer Name: _____

Customer Name: _____

Customer Name: _____

Contact Phone #: (____) ____ - ____

Contact Phone #: (____) ____ - ____

Contact Phone #: (____) ____ - ____

Serving Time: _____ AM PM

Delivery Time: _____ AM PM

Pick-Up Time: _____ AM PM

Number of Guests: _____

Number of Guests: _____ (if applicable)

Number of Guests: _____ (if applicable)

Type of Event: _____

Address of Delivery:

Order: Choose from our menu

Address of Event:

City: _____ Zip: _____

City: _____ Zip: _____

Order: Choose from our menu

Meats: Choose from our menu

Sides: Choice of 2

Deserts: Choose 1 for \$1 extra per plate

Texas Toast? or Rolls?

Special Requests:

Special Requests:

Special Requests:
