

Catering Order Form

Date:	
Business Name:	
Address:	
Contact Person Name:	
Phone No.	
Email:	
Date for catering:	
Time for food to be served:	
Style of presentation:	<input type="checkbox"/> Self-serve Platter <input type="checkbox"/> A La Carte

Catering options for Lunch	No. of people
Hot lunch 1 course	
Cold lunch (sandwiches or rolls)	
Cold lunch (buffet style)	
<input type="checkbox"/> Morning tea <input type="checkbox"/> Afternoon tea (Cakes & coffee)	
<input type="checkbox"/> Morning tea <input type="checkbox"/> Afternoon tea (Biscuits & coffee)	
<input type="checkbox"/> Fruit platter <input type="checkbox"/> cheese platter	
Special request:	

Additional Details (Office Used Only)	Volunteer Name:
	Barista Name: