

\* Date of Event: \_\_\_\_

example: Monday, January 1, 2018

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

Prices may vary due to current market conditions.

* Required Field		Event Requested By:	
*Start Time: *End Time	e:	*Billing Info:	
*Contact Person:			
*Phone Number:			
*Name of Event:			
Room #:		Attention:	
# Attending:		Special Linen Requests	:
*Charge Tax:Yes	No	Special Dietary Needs:	Extra fees will apply.
AM Set-up Time:	Lunch/Dinner Time:		PM Set-up Time:
Bakery Items:	Entree:		Cookies:
	Potato:		Popcorn:
Fruit:	Vegetable:		Chex Mix:
Yogurt:	Salad:		Trail Mix:
Other:	Dessert:		Other:
	Other:		
Beverage: Regular Coffee: Decaf Coffee: Hot Tea: Iced Tea: Juice: Small Bottled Water: Large Bottled Water: Soda:	<b>Beverage:</b> 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 of	fice use only.

If you wish to pay by credit card, please contact the Business Office at **e-accounts@wncc.edu**.