

# Catering Request

24-Hours Advance Notice Required on All Catering Orders.  
Please sign this request and fax to 312-701-0891.  
Questions? Please call us at 312-701-0890.



<b>Order Information</b> Company Name _____ Contact Name _____ Address _____ City, State, ZIP _____ Credit Card No. ____ ____ ____ ____ Exp. ____ ____ Phone (____) ____-____-____ Fax (____) ____-____-____ Email Address _____	Event Date _____ Location _____ <input type="checkbox"/> DCTC <input type="checkbox"/> PROC
	Type <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Break Setup <input type="checkbox"/> Standard <input type="checkbox"/> China Number of Guests _____
	<b>Service Information</b> Delivery Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Pickup Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Quantity	Item Name / Description	Package	Platter
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Special Instructions/Comments**

Send e-mail confirmation

On-Site Contact \_\_\_\_\_  
Required if different from contact name listed above