## CATERING REQUEST FORM

Orders should be placed a minimum of 2 weeks prior to the event

Contact: Jenna Janson 508-460-3500 x 7111 / Alternate Contact: Julie Whapham x7109

Email the completed form to <a href="mailto:jianson@mps-edu.org">jianson@mps-edu.org</a>

All orders will be confirmed via email

Contact Person: Phone No:  Email: Phone No:  Mailing Contact: Phone No:  Mailing Address:  Email:  Function Name: Type of Event: Snacks Breakfast Lunch Location (Bldg & Room #):	-
Billing Contact: Phone No:   Mailing Address:	_
Mailing Address:  Email:  Function Name:  Function Date:Type of Event: Snacks Breakfast Lunch	_
Function Name:	_
Function Name:Type of Event: Snacks Breakfast Lunch	_
Function Date:Type of Event: Snacks Breakfast Lunch	_
	_
Location (Bldg & Room #):	
Set-up Time: Serving Time: End Time:	
Number of people:	
PLEASE INDICATE MENU ITEMS BELOW:	
TELASE INDICATE MENO ITEMS BELOW.	