Bon Appetit @ OES

Catering Contract

Event:	**Event Date:**
Location:	Event Time:
Style of Service:	Beverage Set Up By:
	Food Set up by:
Estimated Count:	Clean Up Time:

PROPOSED MENU

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NOTES:

Contact:			Phone:
Budget number:			Email:
Date of Request:			Prepared By:

I agree to provide Bon Appetit with final guest counts at least **72** hours prior to the event date. I agree to accept responsibility for the final guest count or the actual guest count, whichever is greater. Requests for menu changes must be received at least **3** working days prior to the event. Not all last minute requests can be honored. Please submit request(s)electronically to cowingk@oes.edu

Signature:_____ Date:_____

Thank you, Kelly Cowing, General Manger, 503-768-3135

1/20/2010 1:17 PM