

AWARDS NIGHT BANQUET SERVICE ORDER

Event Name

Client Name

Contact Person

Phone/Email

Event Date

Time

Venue / Room

No. of Guests

Banquet Details

Set-Up Style

Table Arrangements

Audio Visual Needs

Special Requirements

Decorations

Menu

Course	Dish / Description
Appetizer	
Soup/Salad	
Main Course	
Dessert	
Beverages	

Program Schedule

Time	Activity / Details

Prepared By

Approved By

Date