

Gala Dinner Catering Order

Order No.: _____

Date: _____

Client/Company: _____

Contact Person: _____

Email: _____

Phone: _____

Event Date: _____

Event Time: _____

Event Venue/Location: _____

Expected Guests: _____

Table Setup: _____

Menu Selection

Course/Item	Description / Choices	Qty.
Starter	_____	_____
Main Course	_____	_____
Dessert	_____	_____
Beverages	_____	_____
Special Dietary Requirements: _____		

Service Requirements

Service	Details / Qty.
Waitstaff	_____
Tableware & Linens	_____
Decorations	_____
Other Services	_____

Notes & Instructions

Total Price Quoted: _____

Deposit Required: _____

Client's Signature & Date

Caterer's Signature & Date

