

Banquet Event Order (BEO)

Charity Luncheon

Event Name:

Event Date:

Event Time:

Event Location:

Client/Organization Name:

Contact Name:

Contact Phone:

Contact Email:

Event Details

Number of Guests:

Setup Time:

Service Time:

Event Agenda / Notes:

Menu

Course	Menu Item	Notes / Dietary
Starter		
Main		
Dessert		
Beverages		

Room Setup

Table Arrangement:

Audio / Visual Requirements:

Additional Setup Notes:

Special Instructions

Approval

Client Signature & Date

Event Coordinator Signature & Date