Banquet Event Order

Wedding Reception Catering

BEO Number: [ ]
Date Issued: [ ]
Event Date: [ ]
Event Time: [ ]
Location/Venue: [ ]
Contact Person: [ ]
Phone Email: [ ]
Number of Guests: [ ]

Client Information

Bride: [ ]
Groom: [ ]
Client Address: [ ]

Event Overview

Event Type: Wedding Reception
Setup Time: [ ]
Service Time: [ ]
Breakdown Time: [ ]

Menu Details

Course	Menu Item	Notes
[Appetizer]	[Sample Item]	[ ]
[Main Course]	[Sample Item]	[ ]
[Dessert]	[Sample Item]	[ ]
[Drinks]	[Sample Item]	[ ]

Setup & Décor

- [ ]
- [ ]

Special Requests & Notes

[ ]

_____
Client Signature

_____
Catering Manager Signature

Date