

Lake Winnepesaukah Catering Department

Date: _____ By: _____ Calendar: _____

Agreement Sent: _____ Rec'd: _____

Serving Conf. Sent: _____ R'cvd: _____ On DCS: _____

Date of Picnic: _____

Organization: _____

Contact: _____ E-Mail: _____

Telephone: _____ Fax: _____ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Expected Number: _____ Meal Guarantee Date Due: _____

Meal Guarantee Number: _____ Date R'cvd: _____ By: _____

Menu Option: _____ Price: \$ _____

Meat Choice 1: _____ Meat Choice 2: _____

Side Dish 1: _____ Side Dish 2: _____

Extras: _____

Serving Time of Day Requested: _____ Other Requests: _____

Assigned Serving Time Begins: _____ Ends: _____

Number of Serving Lines: _____ Shed Assignment: _____

Ticket Distribution Plans: _____

Number of Tickets Requested: _____ Issued: _____ Color: _____

Beginning Ticket #: _____ Ending Ticket #: _____

Beginning Ticket #: _____ Ending Ticket #: _____

Special Requests: PA Horseshoes Early Set-up Booth at Gate Other _____

Notes: _____

Billing Information:

	Guarantee #	Actual #	# Billed	Price Each	Total
Meal	_____	_____	_____	\$ _____	\$ _____
Ride	_____	_____	_____	\$ _____	\$ _____
Gate	_____	_____	_____	\$ _____	\$ _____
Extra	_____	Taxable: _____	_____	\$ _____	\$ _____
Sales Tax at 7%				\$ 0.07	\$ _____
Total Due					\$ _____
Total Paid \$	_____		Method: _____	Date: _____	
Tax Exempt Status:	_____	Form Received: _____	Date: _____		