

NDSCS DINING SERVICES CATERING AGREEMENT

Contact: Lynnette @ 671-2283, Kathy @ 671-2321,
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<http://www.ndscs.nodak.edu/studentlife/dining/catering/>

**Please allow 2 Weeks for Banquets (Breakfasts, Luncheons and Dinners), 3 days for Coffee and Snacks.
Final Guarantees are due 48 Business Hours Prior to Event.**

Today's Date: _____ **Date of Function:** _____ **Day:** _____

Department/Organization/Group Name: _____

Person Making Arrangements: _____ Phone #: _____ Fax #: _____

E-Mail Address: _____ Billing Address: _____

On Campus Numbers: **Department # Fund # Account #** _____

***Location: Building:** _____ **Room:** _____ **Time:** _____

***If location is other than in the student center, have room set-up arrangements been made?**

Guests Expected: _____ **Guests Guaranteed:** _____

Customer Signature _____ Dining Services Signature: _____

The Signature above indicates the RENTER/USER agrees to the General Terms and Conditions, as stated in this agreement and/or sub-agreements.

Menu Items requested and # of items	Menu Items requested and # of items	Menu Items requested and # of items	Menu Items requested and # of items
Room:	Room:	Room:	Room:
Time:	Time:	Time:	Time:
# Guests:	# Guests:	# Guests:	# Guests:

Section Below to be completed by Catering Department:

Table Cloth & Skirts

<i>Cloths:</i> Color: _____	Size: _____ No Needed: _____	Food Related # ____ Non Related #: _____
Color: _____	Size: _____ No Needed: _____	
<i>Skirting</i>	Size of Table: _____ No; Needed: _____	Food Related #: ____ Non Related #: _____
	Size of Table: _____ No; Needed: _____	
<i>Color Of Cloth or Skirt</i>	Cloths: _____ Skirt: _____	
	Cloths: _____ Skirt: _____	

Date & Time Catering Items need to be removed _____ Date & Time Items were removed: (to be completed by Catering staff) _____