

Catering Event Request Form

Name of Requester: _____

Phone Number: _____

Location of Set Up: _____

Date Of Event: _____

What Time Would You Like the Event Set Up By? _____

Estimated Time Event Ends: _____

Number of People: _____

Billing Information: _____

Order Number: _____

Any Special Requests: _____

Would you like your event staffed? How many associates? _____
(Additional rates may apply for events requiring servers)

Contact Person on Date of Event: _____

Contact Phone Number For Above: _____

Please fill out the catering request form and place your order at least 7 days in advance. All information above must be completed. Send the form to the Food Service Office located in the High School. We look forward to serving you. This request is for food only. If you require tables/ chairs please contact the GCA office.

To Order:

Telephone-856-262-2418

Email: Nrodriguez@monroetwp.k12.nj.us/ Khimstedt@monroetwp.k12.nj.us

Fax-856-875-4654