



# SMC DINING CATERING REQUEST

Please print & submit form to Hilde Linder [linderh@smcsc.edu](mailto:linderh@smcsc.edu) at least **two weeks** prior to event. After submitted, you will need to set up a catering meeting before **10AM or after 1PM**.

REQUESTED BY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ORGANIZATION HOSTING: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

CATERING SET UP BY: \_\_\_\_\_ IF SERVING, SERVING TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CATERING INVOICE TO: \_\_\_\_\_

ESTIMATED NUMBER OF GUESTS: \_\_\_\_\_ GUARANTEED MINIMUM: \_\_\_\_\_

(GUARANTEE #s confirmed within 72hours of event)

TYPE OF CATERING REQUEST:

- |                                 |   |                                      |
|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> BUFFET | <input type="checkbox"/> ORGANIZATION PICKS UP      | <input type="checkbox"/> BOX LUNCH   |
| <input type="checkbox"/> SERVED | <input type="checkbox"/> DELIVER ITEMS (NO SERVERS) | <input type="checkbox"/> OTHER _____ |

REQUESTED FOOD MENU ITEMS: \_\_\_\_\_

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REQUESTED DRINK/OTHER MENU ITEMS: \_\_\_\_\_

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ADDITIONAL NOTES FOR SMC DINING: \_\_\_\_\_

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