



Catering Order Form

Client: _____

Type of Event: _____

Contact Name: _____

Date: _____

Telephone: _____

Email: _____

Event Location: _____

Event Time : _____

Deliver Time : _____

Set Up : YES NO

Address: _____

Time Served : _____

City, Zip : _____

Waiter: _____

Number of Guests: _____

Crockery & Cutlery: YES NO

Menu Type: Meat

Dairy

Pareve

Service Style: Delivery with Setup

Delivery No Setup

Buffet

Family

Elegant Sit Down

Pick Up

Special Instructions: _____

SEND TO LEVI CATERING