FALCONS FUNCTION CENTRE
CATERING BOOKING FORM

CLIENT INFORMATION

NAME:		**PHONE:**		**EMAIL:**	
NAME:		**PHONE:**		**EMAIL:**	
DATE OF EVENT:				**NUMBER OF GUESTS:**	
OCCASION:				**START / FINISH TIME :**	

STYLE OF EVENT:	☐	SIT DOWN	☐	COCKTAIL	☐	BUFFET
	☐	SHARE STYLE/LONG TABLE	☐	PLATTER	☐	OTHER

MENU INFORMATION

PLEASE LIST YOUR MENU CHOICES AND QUANTITY'S REQUIRED BELOW;

QUANTITY	**MENU ITEM**	**TIMING INFORMATION** (if required)

BRIDE/GROOM MEAL PREFERENCE (for sit down meals)			
DIETARY REQUIREMENTS:		**ARE KIDS MEALS REQUIRED:**	
		ARE VENDOR MEALS REQUIRED:	
		IS CAKE SERVICE REQUIRED:	

STAFF INFORMATION

FOOD				**BEVERAGE**	
TYPE	QTY	HOURS REQUIRED	TOTAL	ARE BAR SERVICE REQUIRED:	
CHEF				IF SO, WHAT WILL BE SERVED:	
MAITRE D					
WAIT				NUMBER OF BAR STAFF REQUIRED:	
WAIT				TIMING INFORMATION:	
WAIT					
WAIT				NOTES:	