ECU Catering Order Form

CLIENT DETAILS:
Date: 
Name: 
Department: 
Building Number: 
Room No: 
Phone:     Fax:     E-mail: 

EVENT INFORMATION
Date ________________________ Day __________________________ 
Location _________________________________ 
Type of Event ______________________________ 
Required Time of Arrival of Food ______________________________ 
Time of Collection of Equipment ______________________________ 

GUEST INFORMATION
Number of Guests ______________________________ 
Date for Final Guest Numbers to be confirmed 2 days prior to function 

MENU INFORMATION
Menu Type: ☐ Full-Service ☐ Buffet Menu Theme ☐ Cocktail Function 
☐ Others (Please specify) ______________________________ 

Menu Selections: 

Additional Requirements: 

ACCESSORY DETAILS (check all that apply)
☐ Linen: _________________________________ 
☐ Plates: _________________________________ 
☐ Cutlery: ________________________________ 
☐ Tables (6 Ft each): __________________________ 
☐ Glassware: ______________________________ 

Please fax (9370 6084) or e-mail order form (info@chatter-box) to us. 
We will confirm total order cost once we receive the order form.