EVENT ORDER

ORG/CO: _____ PHONE: _____

CONTACT: _____ _____ _____

ADDRESS: _____ FAX: _____

_____ CAMPUS MAIL: _____

DAY / DATE: _____ TITLE / THEME: _____ _____

_____ BUILDING: _____ ROOM: _____

CAPTAIN: _____ TABLE CLOTHES: _____ NAPKINS: _____ SKIRTING: _____

SERVICE: _____ - _____ SERVICE WARES: _____ _____ _____ _____

LIQUOR SERVICE _____ - _____

FOOD & SOFT BEVERAGE: _____

FLORAL SERVICES

LIQUOR: _____

SPECIAL SERVICES

FLORAL: _____

CONFIRMED BY:

_____ / _____

WITH

_____

SPECIAL SERVICES: _____

METHOD OF PAYMENT

_____

_____

PAYMENT 1:

_____

PAYMENT 2:

_____

I, The Undersigned Have read the Information on this Event Order and Confirm that these are the arrangements that I Have Made with My Aramark representative.Any cancellations must be made three full business days prior to my catered event.

DELIVERY: _____ _____

SERVICE CHARGE: _____ _____

TAX: _____ _____

TOTAL: _____

BALANCE: _____

ARAMARK

5201 UNIVERSITY BOULEVARDLAREDO TX,78041-1900
PHONE 326-2091/ FAX 326-2090

EVENT#: _____ ORIGINAL: _____ _____

REVISED: _____ _____ _____ _____ _____ _____

ARAMARK INVOICE NUMBER: _____