

# Catering Form



**The Abbey Group**

6212 VT Route 105  
Enosburg Falls, Vermont 05450  
www.abbeygroup.net

Please confirm the following details of your event.

Each catering must have a contact person and phone number for invoicing.

Thank you for your business!

Contact Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Event Date: \_\_\_\_\_

School/Dept.: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Contact Email: \_\_\_\_\_

No. of People Attending: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Address: \_\_\_\_\_

Meal Price Per Person: \$ \_\_\_\_\_

\*Final number of people attending is required seven days in advance

## Menu Selection Requested

Please indicate your choice of menu items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special needs, requests and other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Catering Cost Estimate

Total Meal Charge: \_\_\_\_\_

Drop-off Fee: \_\_\_\_\_

Travel Fee: \_\_\_\_\_

China & Linen Charge: \_\_\_\_\_

**Total Amount Charged: \$** \_\_\_\_\_

\*Invoice to reflect final number served or number confirmed, whichever is greater.