



Catering Request Form

This form must be filled out for all catered events

Please fax to catering at 402.280.5788 or email to catering@creighton.edu as soon as available for planning purposes

Event Day: _____ Event Date: _____

Set By Time (minimum 1/2 hour prior to even start time): _____

Event Start Time: _____ Event End Time: _____

Estimated # of People: _____ Final Count (Provided 24 hrs. prior to event) _____

Event Name: _____

Event Coordinator's Name: _____

Phone: _____ Fax: _____

Cell: _____ Email : _____

Campus Department: _____

On Site Contact Person: _____

Billing Fund & Org # (or other payment method) _____

Function Room: _____

Menu & Details:

Please Circle: Buffet Served

Please Circle: Breakfast Lunch Dinner Reception

Please Circle: Disposable China Pick Up

Other details for your event (i.e. preferred menu, special dietary considerations, etc.):

A 72 hours notice for all catering events is needed. There is a minimum charge for delivered orders of \$25 for beverage service or \$75 for food service, no including delivery charge.