



CATERING ORDER FORM

Client Name: _____

Address: _____

Telephone: _____

Fax: _____

Primary Contact: _____ Extension: _____

Alternate Contact: _____

Loading Dock Directions: _____

DATE OF EVENT: _____

START TIME: _____

END TIME: _____

NUMBER OF GUESTS: _____

PRODUCTS TO ORDER

Varieties:	_____	Kettle Size (<i>circle</i>)
(Soup/Stew/Chili)	_____	1/2 F
	_____	1/2 F
	_____	1/2 F
	_____	1/2 F
	_____	1/2 F

SALADS

City Caesar	_____	Buffet Bowls
Cranberry Walnut	_____	Buffet Bowls
Baja Southwest	_____	Buffet Bowls
Spinach Mandarin	_____	Buffet Bowls
Asian Chicken Crunch	_____	Buffet Bowls

**Dressing is served on the side*

Bread Selection:

Italian Ciabatta	Qty: _____
Cornbread	Qty: _____
Cookies – Asst.:	Qty: _____

Canned Soda:

Asst. or specify Qty: _____

Sandwiches:

_____ Qty: _____

_____ Qty: _____

_____ Qty: _____

_____ Qty: _____

_____ Qty: _____

Other Requests:

PAYMENT INFORMATION

___ Visa/MC/Amex #: _____ Exp: _____

___ Check *We will fax you a copy of the invoice prior to delivery if requested.

MINIMUM 48 HOURS NOTICE APPRECIATED

***FAX COMPLETED FORM TO 425.467.5773 OR E-MAIL TO
citysoupsb@gmail.com***