



Wilson School District Catering Request Form



Organization Requesting:		Today's Date:	
Contact Name:		Contact Phone:	
Billing Address or Department			
Contact Email Address:		Alt. Phone:	
Event Date:		Event Location:	
Event Time:	_____	Tear Down Details:	Expected # of Guests:
Set-up By:	_____		
Special menus? Food allergies?	Details:		

Food Items Requested

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Special Notes or Details:

Catering Use ONLY	
_____	Contacted _____
_____	Price Quote \$ _____
_____	Final # Guarantee _____
_____	Final Pricing _____
_____	Invoice # _____
_____	Invoice Date _____
_____	Paid _____