World Cup Café Special Food Request Form

Today's Date: ____________________  Staff Member Receiving Request: ____________________
Call back/confirmation date will be: ____________________ (Staff member confirming: ____________________)

Date of Event: ____________________  Time of event: ____________________
Name of Event/Group: ____________________________________________________________
Number of persons expected: _________ (If unknown, when will firm number be known? _________)
(In most cases, we cannot open the café outside regular hours or provide outside catering for less than 20 persons.)

General age group of party: __mixed__  ___ adults  ___ college  ___ teens  ___ seniors

Person Requesting Event: ____________________  Title: ____________________
Email address: ____________________
Phone: (_____) ____________________  Cell: (_____) ____________________

Check One:

____ Refreshments only (If outside normal hours, minimum 20 persons unless special permission granted)
   ___ Soft drinks and/or ___ Coffee and/or ___ Tea (cold or hot)
   ___ Smoothies and/or Specialty drinks (lattes, fraps, etc)
   ___ Cookies and/or ___ Brownies; and/or ___ Other (explain): ____________________

____ Inside café catering meal (meals, parties, special events) minimum 20 persons required when café
   is normally closed or unless special permission granted)

LOCATION REQUESTED:
   ___ MAIN CAFÉ;  ___ BACK ROOM;  ___ THEATRE

FOOD ORDERS:
   ___ Individual orders from the menu
   ___ Pre-selected choice(s): ___ Sandwiches; ___ Burgers; ___ Daily Specials; ___ Salads; ___ Wraps;
      ___ Soup/chili; ___ Breakfast; ___ Desserts;
   Other: (explain) ____________________
   ___ Special Meals: ex: steak, prime rib, international, etc.

____ Outside café catering meal (minimum 20 persons unless special permission granted)
LOCATION OF OUTSIDE EVENT: physical address: ____________________
Directions: ____________________

____ Other Special Requests: Please explain: ____________________
   ___ Special Needs (additional cost): ___ table cloths; ___ flowers/centerpiece; ___ candles;
      ___ decorations; ___ musician(s); Other (explain): ____________________

Additional Comments/Instructions: ____________________________________________

______________________________________________

Payment Type: ___ credit card; ___ check; ___ cash

NOTE: An 18% gratuity will be added onto the cost of all orders on these special food requests. When possible,
please pay for entire group with one payment.