

WILLIAM MITCHELL COLLEGE OF LAW
CATERING SERVICE REQUEST FORM

Please print out this form, fill it out, and fax it to the appropriate contact listed below:

For parties of 1-19:

Good Taste Catering
Fax: 651-437-6673
Tel: 651-290-7519
Contact: Jeff Kasa

For parties of 20 and more:

Anticipations Catering & Special Events
Fax: 651-455-1108
Tel: 651-455-0756
Contact: Ron Patterson

Requester: _____ Ext #: _____ E-mail: _____

Dept: _____ Purchase Req #: _____

Event Name: _____ Event Date: _____

Start Time: _____ End Time: _____ Formality: _____

Location: _____ Number of people to be served: _____

ITEMS REQUESTED

Food:

Beverages:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Food quantities for your event will be based on the information provided on this form. Please make sure you identify all of the potential diners when ordering so you don't end up with an insufficient amount of food for your event.

NOTE: It is the responsibility of the Requestor to make arrangements with the Facilities Department for the room set-up and take-down.