A Cup Above Coffee Catering - Event Request Form

Date Submitted:_____

Company Name: _____

Company address: _____

City _____ State _____ Zip _____

Contact person _____ Phone:_____

E-mail: _____ Fax:_____

Date of Event:_____ Time of Event: _____ to _____

Type of event: (Company party, Wedding etc.) _____

Hours of Espresso Bar Service: (Circle one) 1 2 4 6 8
Hours of Smoothie Cart Service: (Circle One) 1 2 4 6 8

Number of Guests expected: (Circle one) Up to 20 Up to 60 Up to 125
Up to 350 Up to 500 other_____

A variation of bagels, biscotti, cheesecake, cinnamon rolls, Danish pastries, and muffins, can be added for an additional service fee.

BAGELS: _____ $15 @ dozen

BISCOTTI: _____ $10 @ dozen

CHEESE CAKE: _____ $30 for 12 Slices

CINNAMON ROLLS: _____ $10 @ dozen

DANISH PASTRIES: _____ $10 @ dozen

MUFFINS: _____ $15 @ dozen

EARLY SETUP/LATE TEAR DOWN _____

Event Fee Total: _____

COFFEE PUMP POTS ____$10 each

NOTES:

_____

_____

_____

_____

_____

_____
Customer Signature **Date**

A deposit of $100 of the total invoice is required when the service agreement is signed. The balance of payment is due the day of the event. Should cancellation occur within 30 days of the event, the full deposit amount will be forfeited as a cancellation charge.