

For office use only

_____ W-9

_____ Invoice Sent
Date

A Cup Above Coffee Catering LLC - Event Request Form

Date Submitted _____

Name or Business _____

Address _____

City _____ State _____ Zip _____

Contact person _____ Phone _____

E-mail _____ Cell _____

Date of Event _____ Time of Event _____ to _____

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

Please check all that are applicable

_____ Espresso Bar Service

_____ Omelet Bar

_____ Smoothie Cart Service

_____ Coffee service only

Number of Guests expected: _____ Estimate / Firm (circle one)

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

BAGELS: _____ \$15 @ dozen

COFFEE PUMP POTS _____ \$10 each

BISCOTTI: _____ \$10 @ dozen

NOTES:

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: _____

_____ **Customer Signature**

_____ **Date**

A **deposit of \$100** 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. Please return to A Cup Above Coffee Catering LLC at 23 Picadilly Rd, Brownsburg, IN 46112, or scan, complete, and return to doyle@cupabove.com.