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| Customer Name,**Telephone No. &****Email Address** |  | **For Office Use Only** |
| **Authorised by Manager:** |
| **Invoicing Address** |  |  |
| **Date of event** |  | **Authorised by Café:** |
| **Time of event** |  |  |
| **Meeting Name** |  | **Added to Calendar:**  |
| **Who is the meeting for** |  |  |
|  |
| **Schedule for the day** |  | **Excel Request:** |
| **No. of People** |  | **Sent to JS2** |
| **Seating Style and Equipment Requirement** |  |  |



|  |  |
| --- | --- |
| **Event date & time** |  |
| **Menu Details****48 HOUR NOTICE IS REQUIRED FOR CANCELLATIONS** |  |
| **Drinks Required?** |  |
| **How many people?** |  |

**Catering Requirements**