

UNIVERSITY CLUB CATERING

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CATERING PROPOSAL AND CONTRACT

Day/Date of Function: _____

Event: _____

Contact Name: _____ **Bill to:** _____

Phone: _____ work Name: _____

_____ Home/cell Member # _____

Fax: _____ Billing Address: _____

E-mail: _____

Deliver To: _____

Address: _____ Dept./Faculty Name: _____

Phone # at site: _____ Acct. # _____

Set up time: _____ c/o _____

Other information or directions: _____ Credit Card # _____

Exp _____

FUNCTION TYPE:	READY BY:	FUNCTION TIME	LOCATION	# EXPECTED	Guaranteed#/Date
Breakfast/Morning	_____	_____	_____	_____	_____
Midmorning Break	_____	_____	_____	_____	_____
Late morning Break	_____	_____	_____	_____	_____
Lunch	_____	_____	_____	_____	* _____
After Lunch	_____	_____	_____	_____	_____
Afternoon Break	_____	_____	_____	_____	_____
Reception	_____	_____	_____	_____	_____
Dinner	_____	_____	_____	_____	* _____
Program/Meetings	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

* **Guaranteed number** is required by the indicated date. You will be billed guaranteed number or attendance, whichever is higher. A cancellation fee may be charged if adequate notice of cancellation is not given.

ROOM SETUP:

Registration/Name tag Table: _____ Head Table: _____

Seating Plan : _____

Display Tables: _____ Cake/Gift Tables: _____

Coatcheck/coatracks: _____

Buffet tables: _____

Bar tables: _____

Flowers/centerpieces: _____

Table Linens: _____

71x71" _____ 81x81" _____ 53x114" _____

Skirting: _____ Napkins: _____

Table #'s: _____ Candles: _____ Music: _____

Dishes: disposable or China & Glassware _____

Cutlery: disposable or Flatware; rolled in Napkin for buffet _____

Floor Lectern: _____ P/A system: _____ Additional P/A: _____

A/V Equipment; Screen _____ Flipchart/Easel _____ Other: _____

Other details/decor: _____

Order taken by _____ Date: _____