Catering Order Form

Manhattan Beach Unified School District Food & Nutrition Services Department 1401 Artesia Blvd MB, 90266

EMAIL: food&nutrition@mbusd.org

Phone: 310.318.7345 x 5031

Fax: 310.303.3834

This form must be submitted by email, fax or in person, a minimum of 15 days prior to your event. After submitting your order, please contact the Catering Department at ext 5045 to CONFIRM. Your order is not complete until then.

DATE SUBMITTED

If you need assistance with planning, please feel free to contact Lena Agee at ext 5031

MAIN CONTACT NA	ME			Phone		E-mail		
ALTERNATIVE CON	NTACT			Phone		E-mail		
BILLING ADDRESS								
& DEPARTMENT								
EVENT LOCATION				EVENT NAME				
EVENT DATE				SET UP TIME				
EVENT TIME		T	го	HOW MAN	IY GUESTS?	ADULT?	STU	IDENT?
TYPE OF EVENT		F	Breakfast	Refreshments				
			Lunch	Other				
TVDE -4 CEDVICE	dosa							
TYPE of SERVICE	uesc	TIDE (buffet, of	ther, staff request only		le .			
				FOOD	*			
		Description				Quantity		
						Total Food		
				BEVERAC	GE*			
Description						Quantity		
					T	otal Beverage		
*All necessu	ary j	paper god	ods will be su	pplied with	catering.			
		ADDIT	TONAL PAPER	R GOODS FO	R SEPARAT	E PURCH	ASE	
						Paper Goods		
ST	AFF	ING ONLY	Y REQUEST (1	FOR USE OF	SCHOOL KI	TCHENS I	FOR EVEN	TTS)
Number of Staff red	uired	1	Number of Hours		Start time		End Time	
				OOD SERVICE	E USE ONLY	<i>T</i>		
Catering Dept Notes					ree Names	OnSite Hrs REG	OnSite Hrs OVT	Offsite Kitchen Prep Ti
				1/ 2/				
				3/				
				Delivery Fee?			Taxable? Y	N
		C	USTOMER COM	MENIS & PER	RIINENI INFO	RMATION		