

Mirandas Catering Informational Questionnaire

Primary Contact Person: Name: _____

Phone #: _____

Email Address: _____

Type of event _____ Date of Event _____

Location of Event _____

Theme/Type of Event: _____

Approximate Number of Guests (minimum and maximum expected) _____

Estimated Budget (Total or per person) _____

Setting: Formal Semi-formal Casual

Type of Food/ Menu: Please list

Buffet Style: Yes _____ No _____

Seated Dinner/Server: Yes _____ No _____

Cake Serving: Yes _____ No _____

Do you have a cake knife/server: Yes _____ No _____

Beverages: **Coffee** Yes _____ No _____

Ice Tea Yes _____ No _____

Soda Yes _____ No _____

Water Yes _____ No _____

Kitchen Yes _____ No _____ **Oven** Yes _____ No _____ **Refrigeration** Yes _____ No _____

Stove Yes _____ No _____ **Water** Yes _____ No _____ **Electric** Yes _____ No _____

Special Meal Item Requests:

Please Circle All That Apply

<u>Table & Dinnerware:</u>	Hard Paper	Foam	Plastic	Glass
<u>Plates:</u>	Dinner	Salad	Appetizer	Dessert
<u>Silverware</u>	Plastic	Real Silverware		
<u>Cups</u>	Plastic	Paper	Glass	
	Coffee	Wine	Water	
<u>Miscellaneous:</u>	Napkins	Salt	Pepper	Condiments
	Warming Pans	Serving Utensils		Table Cloths

Any Other Pertinent Information:

For Weddings Only:

Arrival of Guest _____

Formal Announcement before serving:

Appetizers _____ Social Time _____ Serving Time _____ Dessert _____

BRIDE'S NAME: _____

GROOM'S NAME: _____

WEDDING DAY-DATE-TIME: _____

Ceremony Start Time _____ Approximate Length of Ceremony _____

Location of Ceremony _____

Wedding Theme _____ Wedding Colors _____

Reception Location: _____

Reception Start Time _____ Reception End Time _____