

DINING SERVICES

Policies/Catering Reservation Form

- Menu prices are based on a two-hour serving time
- There will be a 10% service charge for functions with a start time of 7:00 a.m. or earlier, and for functions with a start time of 8:00 p.m. or later
- We require a specific guaranteed guest count no later than three business days (not including weekends) before the event
- Events not billed to a departmental account/SCIP account will be charged 7% tax to the cost of the catering event. If a group is tax exempt, a tax exempt form must be submitted to Dining Services Office prior to the event
- If exhibition cooking or a carver is provided to work at a function , there is an additional charge of \$30/hour (per employee) of serving time based in staff availability
- There is linen rental fee for events not requiring food/beverage service from Dining Services Catering Department
 - Skirting for eight foot table (includes clips): \$14.95/day*
 - Tablecloth for eight foot table (70"x120"):* \$6.50/day
 - Tablecloth for square table (85"x85"):* \$5.25/day
 - Tablecloth (71"x71"):* \$4.50/day
 - Tablecloth (61"x61"):* \$4.00/day
 - Linen Napkin: \$.50 (each)/day*
- Pitchers of water
 - Pitchers of water are offered at no charge when accompanied by the purchase of food/beverage from Dining Services Catering Department
 - There is a charge for pitchers of water without the purchase of food/beverage
 - There is a minimum charge of \$30.00 for delivery/pick up
 - There is a minimum charge of \$5.00 (regardless of the number of pitchers) for customers to pick up/return pitchers

Two weeks prior to placing your catering order, this form must be filled out completely

Reservation Form

Department/Club Hosting Event: _____

Contact Name: _____

Phone Number: _____

Address: _____

Day and date of the Event: Day _____ Date _____

Type of function: (I.E. reception, dinner, beverage break, etc.) _____

Specific Location for Event: _____

Beginning/Ending Times for Event: Beginning Time: _____ Ending Time: _____

Specific Time Food Is To Be Served: _____

Guaranteed Customer Count: _____

What Is Your Budget ? _____

Menu _____

How Many Special Dietary Needs? We Need an Exact Count for any of the following:

Vegetarian _____

Vegan _____

Lactose-Free _____

Nut Allergy _____

Gluten-Free _____

Will You Be Ordering Flower Arrangements From Dining Services? Yes No

Will You Be Bringing Your Own Props? Yes No

Is Beer and/or Wine Service requested? Yes No If So, Please Indicate Quantity of Each:

Beer _____ Wine _____

Will You Be Renting Char-Grills: Yes No If Yes, How Many _____

Department SCIP Card Number _____ or Alternate Payment Method _____

Are You Planning To Have A Program Associated With Your Event? Yes No

• If So, When Will The Program Occur In Relation To Meal Service? _____

• If Yes, May We Continue To Clear Plates, Silverware, Etc.? Yes No

Does the Event have Entertainment that will Impact Meal Service? Yes No

Do you wish to have a Reception or Cocktail Party before your Event? Yes No

Will you have any activities in the room after the meal that will impact or delay service or cleanup?

Yes No if Yes, for how long? _____

Do you have any special seating arrangements? Yes No If Yes, please specify: _____

