

# COMPANY CATERING CONTRACT QUESTIONNAIRE

## EVENT NAME

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## COMPANY NAME & EVENT

COMPANY NAME: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MINIMUM NO. OF ATTENDEES: \_\_\_\_\_

FAX: \_\_\_\_\_

## SETUP (PLEASE CHECK ALL THE APPLY)

CLASSROOM

ROUND OF 8

THEATRE

CONFERENCE STYLE

ROUND OF 10

CRESCENT ROUNDS

U-SHAPE

RECEPTION

SPECIAL SETUP (please explain)

HOLLOW SQUARE

LIVING ROOM

## NAME OF PERSON SIGNING CONTRACT

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## ON SITE CONTACT

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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