

COMPANY CATERING CONTRACT QUESTIONNAIRE

EVENT NAME

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

ON SITE CONTACT

NAME: _____

NAME: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

Kemawin Dess, Sales & Event Manager

Office: 715.787.2548 Cell: 715.851.4071 Toll free: 800.952.0195

kemawin.dess@northstarcasinoresort.com