Catering Confirmation

EVENT DATE:	SUN	MON	TUES	WED	THUR	FRI	SAT	
CONTACT INFORMATION								
Catering Event Name:	(Example: Smith Wedding, etc)							
Customer Name:								
Mailing Address:								
City:		State:			Zip:			
Contact Phone:	Mobile:							
EVENT INFORMATION								
Event Location:	Number of Guests							
Location Address:								
City:			State:		Zip:			
Location Contact:	Phone:				X:			
Event Date:	Serving Time:					_ AM /	PM	
Directions to Event Location:								
PAYMENT INFORMATION								
Bill To Name:								
	Phone:							
City:			State:		Zip:			
Price Per Person: \$	X	(# o	f Guests)					
Deposit Paid: \$	(Balance due a	t time of ca	itering)					
	<u>MENU</u>							
Meat:								
Dessert:								
Drinks:								
Customer Signature	Date							
Printed Name								

PLEASE REMIT SIGNED COPY TO:

Klein's Catering

"Feeding you Like Family"

14151 COUNTY ROAD #120 • PERRY, OKLAHOMA 73077 • 580-336-3281 PH • 580-572-9287 FAX www.kleinscatering.net • kleinbilly@yahoo.com 580-336-8710 Billy Klein cell • 580-336-8712 Gina Martinez cell