



**OZARKA COLLEGE
CATERING REQUEST**

All requests for Catering should be submitted 6 weeks in advance of proposed event to the Office of the Provost (provost@ozarka.edu) to receive consideration. Please review the appropriate Catering Menu for External or Internal groups prior to completing this form. A Catering Menu may be requested from chef@ozarka.edu

Function Name: _____ **Date of Event:** _____

Time of setup: _____ **Time of eating:** _____ **Building and room:** _____

Number of persons to prepare for: _____ (Charges will be based on this number)

Type of Event: _____ (Banquet, Snacks, Bagged Lunch, etc. See appropriate Catering Menu.)

Group name for off campus groups: _____

Dept. for on campus groups: _____ **Contact Person:** _____

Billing address: _____

Phone no.: _____ **E-Mail address:** _____

Date

Signature of person requesting catering

Menu:

Total estimated Charge Menu items selected: _____