



Confirmation Sheet

CATERING *Supreme*

Date Received:

Please fill in the relevant fields to ensure all your requirements are met, sign and fax back to: 0866 186 156 or 031 205 3587.

Date of Function:		No. of Guests:	
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Private Function: Name	
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Company Name: (Corp)	
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Postal Address:		Postal Code:	
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New Clients to fill in:			
Company Reg No:		Vat Reg No:	

Contact Person:		Order No:	
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Tel Number:			
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E-Mail Address:	
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Venue Address:	

Eating Time:		Guest Arrival Time:	
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Menu Requirements:	
THIS SECTION MUST BE COMPLETED	
<small>(Please advise of any special dietary requirements)</small>	
<small>(Halaal catering available - subject to price change)</small>	

Beverage Requirements:	
and / or	
Dessert Requirements:	

Bar Requirements:	Beer, Wine, Cold Drinks	Yes	No	Full Bar	Yes	No	My Own List	Yes	No
							(Please attach)		

Equipment Requirements	(Please cross - "X" the appropriate blocks)		
	Crockery		
	Cutlery		
Prices as per your quote	Buffet Tables		
	Buffet Table Linen		
	Heating Equipment		

Decor Requirements:	
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Miscellaneous Items:	
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Staff Requirements:	No. of Waitrons		for		hrs -	prices as per your quote
(Minimum 4 hours)	No. of Barmen		for		hrs -	cv as per your quote

Method of payment:	EFT		Cheque		Cash	
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Signature:		Date:	
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www.cateringsupreme.co.za

0861 CATERING



...from start to finish