

## **Triton College Catering Request Form**

Facility and Calendar Clearance Form must be approved before food can be ordered.

Committee/Department Name:									
Ordered By: Phone/Ext #: Email:			Date of Event: Guest Count: Time of Event:						
					Location of Event:			Bill Event to:	
					Meal:	Breakfast	Lunch	Dinner	Meeting
Event Type:	Formal	Semi-Formal	Casual						
Flatware:	Disposables	China	N/A						
Table Clothes:	Disposables	Linen	N/A						
Server Required:	Yes	No							
Recurring Event:	Yes	No							
Special Requests:									
				es and conditions of TriCafe and of thi unt due on the function date.					
Patron's Signature				Date					

Please email this form to tricafe@triton.edu.

C.C. Rep's Signature

Date \_\_\_\_\_