Triton College Catering Request

FACILITY & CALENDAR CLEARANCE FORM MUST BE APPROVED BEFORE FOOD CAN BE ORDERED

**COMMITTEE/DEPARTMENT NAME:**

<table>
<thead>
<tr>
<th>ORDERED BY:</th>
<th>DATE OF EVENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE/EXT. #:</td>
<td>GUEST COUNT:</td>
</tr>
<tr>
<td>EMAIL:</td>
<td>TIME OF EVENT</td>
</tr>
<tr>
<td>LOCATION OF EVENT:</td>
<td>BILL EVENT TO:</td>
</tr>
</tbody>
</table>

**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

**Items requested:**

**Special Requests:**

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**Control Number: (To be filled out by Clavio’s Café)**

<table>
<thead>
<tr>
<th>Number of People:</th>
<th>Price Per Person:</th>
<th>Subtotal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Charge:</td>
<td>Tax:</td>
<td>GRAND TOTAL:</td>
</tr>
</tbody>
</table>

The patron acknowledges receipt of a copy of this agreement agrees to the policies, rules and conditions of Clavio’s Café and of this agreement, implied or written. The patron also agrees to pay and satisfy the total amount due on the function date.

Patron’s Signature: ______________________________  Date: _____________________

C.C. Rep. Signature: ______________________________  Date: _____________________

*Please e-mail this form to: clavioscafe@triton.edu*