



Please Return form to:
 email: hssucatering@perkinsusa.com



Event Date (Day, Month, Date, Year)	Event Name	Location of Event	Event Set Up Time	No. Of Guests
Meal Time (If Different from Set Up Time)	End Time	Contact Person	Campus/Outside Group	Department
			<input type="checkbox"/> Campus <input type="checkbox"/> Outside Group	
Contact Person Phone	Email	Fax		
Address (Street)	City	State	Payment Method	
	Charlotte	NC	<input type="checkbox"/> PO #	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check
Zip Code	Zip Code			

Type of Service: BREAK Buffet Service Served Meal Reception

Menu:	Desserts:
	Beverages:

Set-up Instructions:

Special Linen, Centerpieces, China Request:

Linens:	Color:	Size: 90(covers table top)	120(Covers Half to Floor)	132(To the Floor)
Linen Napkins	Color:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
China Service: <input type="checkbox"/> yes <input type="checkbox"/> no				
Plastic Service: <input type="checkbox"/> yes <input type="checkbox"/> no				
Paper Napkins:	Color:			

****PLEASE BE AS DETAILED AS POSSIBLE****

CANCELLATION POLICY & FINAL GUARANTEE IS DUE 72 HOURS PRIOR TO THE EVENT