Blissful Treats Cafe

Catering Request Form

Billing Name:		
Address, City, State, Zip		
Phone, Fax, Email:		
Contact Person:		
Catering Location (if different from billing	ng):	
Date:		
What time do you plan on eating?		
Amount of People? Adults (age 12 and older)	Children (age 4 to 11) Bab	pies (age 3 and under)
Appetizers		
Salad	Dressings?	_
Dinner Rolls Yes / No	If yes, any butter or jams?	
Meats		
Vegetable		
Noodle		
Potato		
Dessert		
Espresso Bar or Coffee		
Drinks		
Do you want us to serve the food?	If yes, Family Style or Cafe	eteria Style?
	If no, Delivered or Picked Up?	