

EVENT CONTACT NAME:		NAME OF DEPARTMENT / ORGANIZATION:	
EVENT DESCRIPTION:			
ADDRESS IF NOT A GSU EVENT:		DATE OF EVENT:	
PHONE #:		LOCATION / ROOM NUMBER:	
EMAIL:		EVENT TIME:	
ESTIMATED NUMBER OF GUESTS:		TIME TO SET BY:	
<input type="checkbox"/> PICK-UP <input type="checkbox"/> DELIVERED		TIME TO PICK UP:	
MEAL: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> SNACK/ REFRESHMENT <input type="checkbox"/> HORS D'OEUVRES		BILL EVENT TO (PLEASE PROVIDE GSU PO#/ ACCOUNT #)	
TYPE OF SERVICE: <input type="checkbox"/> SERVED <input type="checkbox"/> BUFFET		<input type="checkbox"/> DISPOSABLE SERVICE <input type="checkbox"/> CHINA SERVICE	
<input type="checkbox"/> ADDITIONAL LINEN OTHER THAN BUFFET TABLE		Alcohol Event: <input type="checkbox"/> YES <input type="checkbox"/> NO (if YES: please provide us a copy of the signed Alcohol Approval Form 72 hours in advance of the event)	

PLEASE DOUBLE-CLICK ON CORRESPONDING BOXES TO MARK YOUR SELECTIONS

Items requested (A representative from Arena Food Service is happy to assist in planning your event):

Special Instructions:

A representative from Arena Food Service, Inc. will contact you to assist with planning or event or to answer any questions you may have.

Patrons Signature _____

Date: _____

Arena Food Service, Inc. Rep. Signature _____

Date: _____

PLEASE EMAIL THIS FORM TO catering@govst.edu

By signing this requisition form, you acknowledge receipt this agreement and agree to the policies, rules and conditions of Governors State University & Arena Food Service, Inc. and of this agreement, implied or written. The person signing this form also agrees that he/ she is authorized to place such an order and is the responsible party to ensure payment.