  

**Catering/Event Request Form**

**Organizer Name:**  First Name - Last Name -

**Contact Information:** Phone - Email -

**Group/Club/Department Hosting Event:**

**Proposed Date of Event:**   **Event Hours:** Start Time: End Time:

**Preferred Venue for Event:**

* TwelvEighty Restaurant Dining Room
* The Grind Café Area
* Event Space

**Expected Number of Guests:**   **Proposed Budget:**

**Event/Catering Type:**

* Social Reception
* Buffet
* Night Event
* Pick Up Order
* Other (Please Specify):

**Food Requested (ie. Themed meal, platters, etc.):**

**Known Dietary Considerations (Allergies, vegan/vegetarian, cultural):**

**Bar Service Requested:**

* Alcoholic
* Non-alcoholic
* Both
* Not Required

**Audiovisual Equipment Required (Please Specify):**

**Preferred Payment Method:**

* Credit/Debit
* Cheque
* Purchase Order
* Internal Account (Please Specify Chartfield Account

**ROOM RENTAL RATE: $150/Hour**

Please Confirm Guest Attendance **5** Days Prior to Event to Avoid Charges

HST (13%) and Service Charges (15%) Will Be Applied to the Final Invoice