Triton College Catering Request Form

Facility and Calendar Clearance Form must be approved before food can be ordered.

Committee/Department Name:	
Ordered By:	**Date of Event:**
Phone/Ext #:	**Guest Count:**
Email:	**Time of Event:**
Location of Event:	**Bill Event to:**

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:

The patron acknowledges receipt of a copy of this agreement agrees to the policies, rules and conditions of TriCafe 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's Signature _____ Date _____

Please email this form to tricafe@triton.edu.

5/29/24

Clear Form