

CATERING by BAKERstreet

Thank you for choosing BakerStreet to cater your event! We are honored to be able to bring our unparalleled standards of food and service out of the restaurant and to the venue of your choice. The following questionnaire helps us get a general feel for your event and begin our working relationship. You may not have all of the answers at the current moment, but we are able to provide the most accurate quotes with more information.

This is a brief overview - if you have any questions do not hesitate to contact us. Please send this form to the email address listed below and I will reach out to you shortly!

- Jaimi Grahovac, Event Coordinator
jaimi@obicai.com

CONTACT INFORMATION

Client Name: _____

Client Address (street, city, state, zip code): _____

Client Phone Number: _____ Client Email: _____

EVENT & VENUE INFORMATION

Briefly describe the nature of your event (occasion, expectations, etc.)

Event Date: _____

Event Location: _____

Event Address (street, city, state, zipcode): _____

Venue Contact: _____ Phone #: _____

Venue Contact Email: _____

What time can caterers arrive? _____ Must leave by: _____

Approximate number of guests: _____ Adults: _____ Children (<12 yrs): _____

Budget: _____ (per person): _____

**consider these amounts need to account for food, tax, labor, rentals, venue fees, etc.*

Theme: _____ Formal or Casual: _____

KITCHEN INFORMATION

Is there a kitchen at the venue? Yes No

What type of kitchen/space is available? Prep space only (no cooking or warming)

Prep space with warming and cooling Full service kitchen (cooking allowed)

Is there drinkable water at the venue? Yes No

Is there ice available at the venue? Yes No

RENTAL INFORMATION

Are you renting tables, chairs, napkins, table linens, buffet and bar tables/linens, etc.? Please list rental company:

Would you like to include our rentals with items you might be renting or have us rent the items we need separately?

SEATING ARRANGEMENTS

Seating arrangements: Open Seating Assigned Seating

Please list any specifics: _____

BEVERAGE SERVICE

Will you need a bartender or any beverage services? Yes No

What type of bar you are interested in (circle all that apply):

| | | | |
|-------------|-----------|--------|---------------------|
| Disposables | Glassware | Open | Cash |
| Beer | Wine | Liquor | Specialty Cocktails |

Do you want us to put together a special meal for children under 12 years of age? Yes
**this is traditionally delivered to the children before other guests are served*

No

Dessert

What time should dessert be served? _____

How would you like dessert to be served?

Dessert Table Individually Plated Family Style

Which do you prefer for dessert: Diposables China

List dessert preferences: _____

ENDING DETAILS

Do you want to take left overs home with you? Yes No

**if so, the person taking these home will need to be in contact with the manager BEFORE the caterers leave the venue.
Otherwise, food will be thrown away when the caterer leaves.*

When is last call? _____

We look forward to working with you!
