## CATERING SERVICES



Inquiry Form

Please fill out the Questionnaire below so that we can better help you. Please be aware that this data will help us to provide you with an estimated price for the services for your event. Thank you for your cooperation!

CLIENT INFORMATIC	)N:	
Name:		
		mail:
Event Information	N:	
Is this event: $\bigcirc$ For	rmal 🔘 Semi-Formal	
Event Location:		
		End Time:
Day of Emergency (	Contact:	
Phone:		Email:
Indoor/Outdoor:		# of Guests:
Please select what	type of catering service	e you desire?
○ Catering Buffet Package ○ Banquet Package ○ Picnic Party		
Please select which services you desire		r total budget falls within based on the
◯ \$45 per perso	n 🔿 \$55 per person	$\bigcirc$ \$65 per person $\bigcirc$ others:
Price: \$	Taxes: \$	Total: \$
Delivery Fee:\$ Other Fees: \$		Other Fees: \$
Total: \$	Deposit: \$	Balance Due: \$

## WWW.COBEKITCHEN.COM.AU | INFO@COBEKITCHEN.COM.AU

## CATERING SERVICES



Inquiry form

Please select and list the appetizer(s) desired

Please select and list the entrée(s) desired

Please select and list the side items desired

Please select and list the dessert(s) desired.

Please select and list the NON-ALCOHOLIC beverages desired.