



CATERING ORDER

FAX BACK TO: 770-832-6484

Event Date and Time: _____

Delivery Address: _____

Contact Name: _____ **Phone Number:** _____

Number of people: _____ **Drop off Delivery** **Set Up** **Stay & Assist**

Special Notes: _____

FOODS: Amount/Packaging:

Pulled Pork _____

Beef Brisket _____

Ribs / Full Slabs _____

1/2 Chicken _____

Baked Beans _____

Potato Salad _____

Cole Slaw _____

Sweet Tea _____ **Unsweet Tea** _____

House Sauce/# of Bottles _____

Buns Reg or Large _____

Pickles _____

Supplies:

16 oz Cups _____ **16 oz Lids** _____

32 oz Cups _____ **32 oz Lids** _____

Plates _____ **Cutlery** _____

Straws _____ **To-Go Boxes** _____

Serving Utensils

Towels/Paper Towels

Spray Bottle/Sanitizer

Other: _____

Other: _____

Other: _____

Other: _____

Additional Information/Requirements: _____

OFFICE USE ONLY:

Base Cost \$ _____
 Delivery Charge \$ _____
 Staffing & Clean Up \$ _____

Total Catering Cost \$ _____
Less Client Deposit \$ _____
Amount Due \$ _____