

**CLIENT INFORMATION**

Client Name:		Phone Number:	
Email:			
Bill to: (Full Name)			
Billing Address:			
City:		Province:	Postal Code:
Order Date (MM/DD/YEAR)		Ordered by:	
Event Date (MM/DD/YEAR)		PO#	
Type of Event:	Wedding	Social	Corporate Festival Other
Type of Service:	Cocktail	Buffet	Sit-down
			Number of guests:
Event Location:			
Event Address:			
City:		Province:	Postal Code:
Major Intersection:			
Event Contact Name:		Phone Number	
Guest arrival time:		Estimated end time:	
Event Special Notes:			

**STAFF REQUEST**

Staff Postion	Number of Staff	Start Time	Estimated End Time	Estimated Hours

**UNIFORM**

Black Bistro	White Bistro	All Black	Summer	Special Requests
Black shirt, black vest black tie and black shoes	White shirt, black vest black tie and black shoes	Black shirt, black pants, and black shoes	White or black polo, black pants and black shoes	