



CHEF ERNIE'S - CATERING CONTRACT

CLIENT NAME & # _____

EMAIL ADDRESS _____

COORDINATOR & # _____

EVENT DATE _____

EVENT LOCATION _____

NUMBER OF GUESTS _____

START TIME _____

FINISH TIME _____

BEVERAGE CHOICE _____

MENU CHOICE _____

ADD ON'S _____

ADD ON'S _____

ADD ON'S _____

SPECIAL INSTRUCTIONS:

25% NON REFUNDABLE DEPOSIT REQUIRED TO CONFIRM THE RESERVATION & THE BALANCE IS DUE 14 DAYS BEFORE EVENT DATE.

FOOD TOTAL: _____

BEVERAGE TOTAL: _____

SPECIAL ITEM TOTAL: _____

20% SERVICE FEE: _____

6% SALES TAX _____

TOTAL PRICE: _____

25% DEPOSIT: _____

BALANCE DUE: _____

SIGN AND MAIL WITH DEPOSIT CHECK MADE OUT TO DOCKSIDE CAFÉ LLC. TO: CHEF ERNIE DANJEAN PO BOX 6642 MIRAMAR BEACH FL 32550. AYEEE! CALL #850-368-5670

CLIENT SIGNATURE _____

CONTRACT DATE _____