

# Mustang Catering

## Food & Facilities Order Form

Complete form to schedule & plan your event with **Mustang Catering/Child Nutrition Department**

Send a copy of this sheet to the Child Nutrition Dept. at the Administration Building via Inter-office Mail or e-mail

[mustangcatering@marblefallsisd.org](mailto:mustangcatering@marblefallsisd.org)

For more information, call at 798-3514.

Name of Organization	Date Order Placed	Date of Function	Set-up time	Serve time

Purpose of the Event	No. of Guests	Guaranteed Guests		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Location of Event:</td> <td style="height: 40px;"></td> </tr> </table>			Location of Event:	
Location of Event:				

Menu: Meals, Snacks, Appitizers, etc	Beverages	Paper Supplies

Name of Representative	Title:

To Whom is this Billed:	Phone Number:
Account #:	

Special Instructions or Important information about the event

Use of Kitchen Facility Only? Number of Food Service Personnel Requested		
Please list time period for use of facility:	From: _____	To: _____

Food Services Use Only:

Invoice Number:

Total Billed:

Date Paid:

Additional Info: