

## **LET'S PRETEND CATERING REQUEST FOR ESTIMATE**

Please submit this form prior to your consultation so we can be prepared to make the most of our initial consultation. It can be returned via fax or mail and we will have a full estimate ready for your review within a two week period. Feel free to contact us at any point with questions.

**Client/ Company Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Est. Guest Count:** \_\_\_\_\_

**Themes/ Styles** \_\_\_\_\_

**Catering Budget:** \_\_\_\_\_

### **Preliminary Itinerary**

\_\_\_\_\_ Estimated guest arrival time

\_\_\_\_\_ Cocktail /Hors d'oeuvre reception (\_\_\_\_\_ hours)

\_\_\_\_\_ Seat guests for meal/ begin meal service

\_\_\_\_\_ Estimated guest departure time

Please include any other items that need to be taken into consideration (i.e. speeches, presentations, dances, etc...)

### **Preliminary Menu Building**

Favorite foods/cuisines \_\_\_\_\_

Least favorite foods/ cuisines \_\_\_\_\_

Allergies/Diet Restrictions \_\_\_\_\_

Circle the most appropriate:

meat/potatoes      American      veggie only      global bites      foodie

Using our menus:

Stationary platters/ Hors d'oeuvre selections:

Possible Entrée selections:

Preferred style of service (plated/ buffet/ stations/ family/ other)

Possible sides and accompaniments:

Dessert

No dessert needed          plated dessert          mini pastries sampler  
   full dessert buffet          passed desserts

Coffee/Tea

No coffee /tea          Coffee only          Coffee & Tea  
   Table service          Station

**Color Schemes:** \_\_\_\_\_

**Theme:** \_\_\_\_\_

**Additional Info to consider:** \_\_\_\_\_

**Thank you for your inquiry:**

\_\_\_\_\_ Please call to schedule a consultation with me to review the estimate

\_\_\_\_\_ Please e-mail • mail • fax (circle one) estimate

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