

**Northern Illinois University
Holmes Country Breakfast Buffet Form**

Department Name: _____ Date of Event: _____
Client Name: _____ Guaranteed Attendance: _____
Phone #: _____ Start Time: _____ End Time: _____
Fax #: _____ Account Number: _____
Set up Location & time: _____ Equipment pick up: _____

Holmes Country Breakfast Buffet

\$18.00 P/P

Breakfast offered between 8:00-10:30 a.m. w/ HSC disposable service
Includes: cloths and skirting on food and beverage tables, cloths on guest tables

Choose two chilled juices: 1) _____ 2) _____

Choose two sweet items: 1) _____ 2) _____

Choose one main entrée: 1) scrambled eggs (*incl.*) 2) _____

Choose one meat: 1) _____ One starch: 1) _____

INCLUDES: Fresh Seasonal Fruit bowl and beverages
(Coffee and Decaf, Hot water w/asst. tea bags, and Ice water)

NUMBER of GUESTS _____ x \$18.00 P/P = Estimated Total \$ _____

Additional Linens: Tables clothed and skirted \$25.00 each
Tables clothed for guests (rounds, cocktail rounds, 6 ft. or 8 ft. tables) \$5.00 each

Today's Date _____ Customer Signature _____

(office use only: Order Guaranteed By: _____)

Service Agreement: Total above is an estimate. Actual total will be billed after service due to event's additional needs or requests.
Sales tax will be waived with advance presentation of valid tax exemption letter. (NIU exemption letters already on file.)