

**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.)