

**Northern Illinois University
HSC Campus Catering Continental Breakfast 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: _____

CONTINENTAL BREAKFAST

\$6.50 P/P

Cloth and skirting included on Food and Beverage tables

Choose one juice: (apple /orange/cranberry/grape) _____

Includes: Assorted Danish with {Donut holes_____, or _____Muffins,} {Check one }
and Mini Bagels w/cream cheese,
Coffee and Decaf, Hot water w/asst. tea bags, and Ice water

Disposable Service: no wait staff

NUMBER of GUESTS _____ x \$6.50 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 request.

Sales tax will be waived with advance presentation of valid tax exemption letter. (NIU exemption letters already on file).