

**Northern Illinois University
HSC Campus Catering Deluxe 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: _____

DELUXE BREAKFAST

\$9.50 P/P

Cloth and skirting included on food and beverage tables

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

Includes: Fresh Seasonal Fruit bowl, assorted Danish, assorted Muffins, mini Bagels w/cream
Cheese, Promise & Butter
(Coffee and Decaf, Hot water w/asst. tea bags, and Ice water)

Add one item for \$ 1.00 P/P: _____ Hard boiled eggs
_____ Yogurt (blueberry, strawberry or vanilla) with granola
_____ Cereal with milk

Disposable Service: no wait staff

NUMBER of GUESTS _____ \$ _____ 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.)