

Special Event Catering Form

OFFICE USE
ONLY

Event Date: _____

Client Name: _____

Facility Start Time: _____

Facility End Time: _____

Contact Information

Catering Company: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Day of the Event

Main contact (present at the event): _____

Number of staff during the event: _____

Estimated arrival time: _____

Estimated departure time: _____

Please provide a detailed description of how you will utilize our kitchen facilities for the event (including our kitchen equipment you plan on using): _____

Additional equipment you will bring for the event (BBQs, chafing dishes, flatware, deep fryers, etc.): _____

Kitchen Use Agreement

Please read the following:

- I understand that we will be allowed in the facility and required to vacate the facility at the times agreed upon by our client's contract
- I understand that we are responsible for leaving all kitchen equipment and countertops clean and in the condition they were before the event.
- I understand that OASIS Senior Center only provides the appliances/equipment located in the kitchen. My staff will only use appliances they are familiar operating and cleaning properly

X _____

Signature of Main Catering Contact

X _____

Date

Return form to: OASIS Senior Center
By Mail: 801 Narcissus Avenue Corona del Mar, CA. 92625
By Fax: (949) 640-7364