



Confidential Client Intake Form

We look forward to hearing all about your upcoming event and wish to gather pertinent information prior to meeting with you to discuss your event. With the information below, we will be able to assess your needs and be prepared with any further questions we may have.

Please take a few minutes to complete this form, then email to catering@statehouserestaurant.com and we will be in touch with you within one business day of reviewing your information.

Thank you for choosing Statehouse Catering.

Before you begin, "Save-As" this form to your own computer. Upon emailing, attach your file.

Contact Information:

Name:

Email address:

Daytime phone number(s):

Organization:

Event Information:

Date of Event:

Location of event:

Start & End time of your event:

Food out/delivered by what time:

Please describe the event:

Are there any goals that you wish to achieve?

Approximately how many guests will attend your event (Final count needs to be confirmed 5 business days prior to the event)?

If your event takes place in the Eureka Room, you are responsible for arranging the room to accommodate your needs and return it to its original configuration. Statehouse can also do this on your behalf.

- I will take care of the room set-up and breakdown myself
- I would like for Statehouse to quote me room the set-up and breakdown

Menu:

- Select what you would like to have for food and/or beverages
- We try and accommodate any special requests. Contact us if you would like to discuss other food or beverage options
- All Food & Beverages are subject to 8.25% Sales Tax and 20% Gratuity
- Disposable platters, plates, silverware and napkins, setup and breakdown are included. Additional decoration available upon request
- **Food Allergies:** Our products may come into contact with common allergens, including wheat, peanuts, soy, tree nuts, milk, eggs, fish and shellfish. Before placing your order please make us aware of any food allergies & special requirements
- **Final guest count & menu order must be confirmed 5 business days prior to event**
- **Health Code Regulations prohibits you from taking any left-overs home with you**

Credit Card Authorization Form

Please complete the credit card information below:

Credit Card Type (circle one): Master Card Visa AMEX

Name on Credit Card:

Billing Address for Card:

Credit Card Number:

Expiration Date: _____ V-code _____

Signature: _____



Please fill out the Quantity in the "order" column

Breakfast (per person)

| | Price | Order |
|--|----------|-------|
| Assorted Pastries - Bagels, Muffins, Croissants, Danishes & Scones | \$ 6.00 | |
| Bagels with Butter & Cream Cheese | \$ 3.25 | |
| Seasonal Fruit Salad | \$ 3.50 | |
| Yogurt & Granola | \$ 4.00 | |
| Add berries | \$ 1.00 | |
| Assorted Non-Fat Clover Yogurts - strawberry, blueberry, peach | \$ 3.00 | |
| Breakfast Buffet - minimum order of 20 Eggs, bacon, potatoes & biscuits | \$ 12.00 | |

Sides (per person)

| | Price | Order |
|---|---------|-------|
| Assorted Cookie Platter | \$ 2.50 | |
| Fruit Salad | \$ 3.50 | |
| Hummus and Pita Chips | \$ 3.50 | |
| Assorted Vegetables and Ranch | \$ 3.50 | |
| Assorted All Natural Potato Chips | \$ 1.50 | |
| Brownies | \$ 2.50 | |
| Seasonal Cupcakes (Chocolate, Vanilla, Lemon) | \$ 2.50 | |

Drinks (per each)

| | Price | Order |
|--|----------|-------|
| Assorted Can Sodas - Coke, Diet Coke, and Sprite | \$ 2.00 | |
| Specialty Sodas | \$ 3.00 | |
| Niagara Bottled Water | \$ 2.00 | |
| Mountain Valley Sparkling Water and Still Water | \$ 2.75 | |
| Iced Tea | \$ 2.00 | |
| Coffee Service per person | \$ 1.70 | |
| Hot Tea Service per person | \$ 2.70 | |
| Coffee "joe to go" - serves 10-12 people | \$ 18.00 | |
| Orange Juice | \$ 2.00 | |
| Assorted Fresh Juices - Berry, Lemonade, Green | \$ 3.75 | |