

# Brooklyn College Catering Event Form

Scan to: [j.gallopini@metropolitanfoodservice.com](mailto:j.gallopini@metropolitanfoodservice.com)

Name of Dept or Organization: \_\_\_\_\_

Office Address: \_\_\_\_\_

Person Ordering Event: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Date and Day of Event: \_\_\_\_\_

Location to be Delivered: \_\_\_\_\_

Start Time of Event: \_\_\_\_\_

**\*\*For Billing Purposes: Tax Levy\_\_\_\_, Non-Tax Levy\_\_\_\_(check one please)**

PO#\_\_\_\_\_ Acct #\_\_\_\_\_

**\*\*If Tax Levy - please check 1: breakfast\_\_\_\_, lunch\_\_\_\_, light refreshments\_\_\_\_**

Please write in what you would like to order below:

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