



CATERING ORDERING FORM

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CONTACT EMAIL

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ORDERING FORM	NOTES
Event Name	
Event Day/Date	Can we access room earlier? yes / no / time:
Start Time	
End Time	
# Of Guests	
EVENT SPECIFICS	
Guests with Food Allergies	yes / no
Executive or VIP	yes / no
Wellness Options	yes / no
MENU SELECTIONS (NOTE GUESTS' SELECTIONS)	
Side Salads, Small Plates, Soups?	
BEVERAGE PREFERENCE (NOTE GUESTS' SELECTION)	
Water	pre-set / plus one
Specialty	



Coffee Service	yes / no
SNACK SERVICE	
	yes / no
DESSERT PREFERENCE (NOTE GUESTS' SELECTION)	
Cookies	yes / no
Brownies	yes / no
Seasonal Treats	yes / no
Rentals	
Upgrades	
Personalized Menus	yes / no
ADDITIONAL NOTES / SPECIAL INSTRUCTIONS	
METHOD OF PAYMENT	