Catering Order Request Form

Visit us at 28 South Market Street, Elizabethtown PA 17022 E-mail This Form to etowndelisalad@gmail.com or call us at 717-689-3153



Customer Name:			Event Day Phone Number:	E-Mail:	<i>0</i> / 0		
DATE CAT	ERING I	REQUESTED	NOTES:				
-							
PICK-UPTIM	E REQUEST	ED (1/2 Hour Windo	w)				
AM DM							
			CHECK CASH	☐ CHECK ☐ CASH ☐ CREDIT CARD ☐ DEPOSIT PAID			
QUANTITY	SIZE	DESCRIPTION			ITEM PRICE	TOTAL PRICE	
ORDER TAKEN	1 BY:	Policies	•		SUBTOTAL		
use 'customer provi fee upon request We consider all orde date and are not ab Substitutions are po			ne, and handling constraints we are unable to ovided' platters. Serving utensils available for a		TAX		
			st	0150001	DISCOUNT TOTAL		
			orders final two days before the scheduled event table to make any changes after this time.		DEPOSIT		
			re possible, but not guaranteed. seeive a verbal or e-mailed confirmation, your		BALANCE DUE		

CONTACT US: etowndelisalad@gmail.com

All cancellations will forfeit all deposits.