

ORDER FORM / Star Catering

FAX TO: 510 887-6884

Company: _____ *DATE of Event:* _____
Name: _____ *DAY of Event:* _____
Billing Address: _____ *No. of Guests:* _____

Delivery Address: _____ *Serve Time:* _____

Phone: _____ *Return Pick-up:* _____
Fax: _____ *Deliver to: (room/dept/floor)* _____
Credit Card #: _____ *Exp.Date:* _____

M E N U

Dessert

Beverage

Special requests or notes

Please fax completed form back to us @ 510 887-6884. Your order is not confirmed until you receive this form back with a confirmed signature. THANK YOU FOR YOUR ORDER.

Catering Dept.:

Date: