



MONTANA STATE UNIVERSITY NORTHERN

Catering Services

cateringrequest@msun.edu

EVENT DETAILS

Event Date _____ Day _____

Event Name _____ Event Time _____

Event Contact Person _____ Text or Call _____

Location _____ Number of Guests _____

Catering: Set-up Time _____ Pick up Time _____

Menu Requested:

Beverages Requested:

Special Menu Requests (Vegan, Gluten Free, Allergies, etc.):

Supplies Requested (tablecloths, napkins, plates, glasses, paper, glass, china, etc.):

BILLING DETAILS

Organization Name _____ Contact Person _____

Email _____ Phone _____

On Campus: Index Number _____

Off Campus: Address _____

City _____ State _____ Zip _____

Return form to: **cateringrequest@msun.edu**