



Meadow Brook

OU Departmental Catering Request Form

CONTACT INFORMATION

Today's date _____
 Client contact name _____
 Email _____
 Phone _____ OU Fund #
 Host or site contact _____
 OU Department /address _____

EVENT INFORMATION

Event date _____ Date of same event last year _____
 Name of Event _____
 Number of guests _____
 Total event timeframe _____ Meal serving time _____

EVENT DETAILS

Requested room(s) _____
 Reception timeframe _____
 Non alcoholic beverage service Self service Attended
 Bar Service Beer/wine Standard labels Premium labels
 (Hosting Document Required.)
 Reception menu _____
 Seated dining menu _____
 House florals Yes No
 House linens Yes No If yes White Ivory
 Wine with dinner Yes No (If yes, Hosting Document required.)
 Dietary restrictions Yes No Please explain _____
 Podium Yes No
 Microphone/speaker Yes No
 Bringing own AV equipment Yes No
 Notes

SPECIAL ORDERS (PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE)

Cocktail tables _____
 Special linens _____
 Floral _____
 Valet parking _____
 Conference call _____
 AV equipment _____

COMMENTS