



UA Campus Catering Request Form  
 sueventplanning@email.arizona.edu  
 520-621-1414 Main 520-621-2545 Fax

Client / Organization Information					
Organization / Department			Contact Name		
Address			Email	Phone	
City	State	Zip	Fax	Cell	
Advisor Name <i>(for student groups only)</i>			Email	Phone	
Billing Information					
Organization / Department			Contact Name		
Address			Email	Phone	
City	State	Zip	Fax	Cell	
Account #	Sub Account #	Sub-Object Code		Project Code	
Event Information					
Title of Event		Event Date	Start Time	End Time	
Type of Event		Number of Guests	Event Location		
		planned	Building		
		set	Room		
Catering Needs			Setup Information		
<b>Food</b>	Breakfast	AM Break	Lunch	Block/Conference Table	
	PM Break	Reception	Dinner	Theater/Auditorium	
			Meeting	Existing	
			Bevs Only	Banquet Rounds <input type="checkbox"/> of 10 <input type="checkbox"/> of 8	
				Reception	
* Client understands that they are responsible for working with Event Management to arrange for tables, chairs, setup and teardown.					
			Setup Needs		
			<input type="checkbox"/> Buffet Linens	<input type="checkbox"/> Standard Plastic	
			<input type="checkbox"/> Table Linens	<input type="checkbox"/> Upgrade Plastic *	
			<input type="checkbox"/> Linen Napkins	<input type="checkbox"/> "A" China *	
			<input type="checkbox"/> Registration Table	<input type="checkbox"/> Display Table	
			Other _____		
<b>Beverage</b> # requested			# requested		
Coffee/Gal	Soft Drinks				
Decaf/Gal	Water/Btl				
Hot Tea/Gal	Water/Gal				
Iced Tea/Gal	Other				
			Requested By:		
			Date:		

Please complete form and fax or email back to the event planning office. We will respond within 3 business days from receipt.