

Chartwells Dining Services Form

The University of Virginia's College at Wise

Contact person _____ Telephone _____

Department _____ Address _____

Project & organization number to be charged _____

Purpose of event _____

Attendees (i.e. number of faculty, staff, students, & visitors) _____

Event details — *select all that apply*

Dining Hall meals only — Single meal, which? _____ Arrival time in dining hall: ____:____ am pm

Select all that apply

Date: SUN MON TUE WED THU FRI SAT ____/____/____

Multiple meals (provide details on reverse or additional sheet)

Catering request — Event date: SUN MON TUE WED THU FRI SAT ____/____/____

Select all that apply

Event start time: ____:____ am pm

Event end time: ____:____ am pm

Event location: _____

Method: pick-up delivery

Style: refreshments buffet plated meal

Service: styrofoam clear plastic real dishes/glassware

Menu: _____

Other details: _____

White linens order only*: for rectangle tables, qty. _____ for circle tables, qty. _____

**Please note that linens are provided for catering food service tables.*

Approving signature _____ Title _____ Date _____

Please return this form to Chartwells Dining Services by FAX to 276-328-1457.

Questions? Contact Brett Lawson, Director of Dining Services, at 276-328-5514 or blawson@uvawise.edu.

OFFICE USE ONLY

EVENT SET-UP TIME: ____:____ am pm

BILLING: PRICE PER PERSON \$ _____ X QTY. _____ X RATE \$ _____ = \$ _____

ADDITIONAL ITEMS _____ + \$ _____

TOTAL = \$ _____