



Silver Spoon Catering Contract

THIS IS A CATERING SERVICES AGREEMENT DATED:

BETWEEN:

CUSTOMER(S) _____

AND SILVER SPOON CATERING

BACKGROUND:

- The Customer understands that the Caterer has the necessary qualifications, experience and abilities to provide services to the Customer.
- The Caterer agrees to provide such services to the Customer on the terms and conditions set out in this Agreement.

EVENT INFORMATION:

DATE OF EVENT _____

LOCATION OF EVENT _____

CONTACT INFO:

PHONE _____ **EMAIL** _____

ESTIMATED NUMBER OF GUESTS _____

(Estimated number of guests cannot be reduced after contract is signed)

GUESTS:

THE CUSTOMER AGREES TO PROVIDE THE CATERER WITH THE TOTAL NUMBER OF GUESTS NO LATER THAN 30 DAYS PRIOR TO THE EVENT.



ONSITE KITCHEN RENTAL BY CLIENT YES NO

IF YES, Time of usage and contact information _____

TIME THE CATERER IS TO START SERVING _____

EQUIPMENT/RENTAL: (INCLUDES ALL SET UP AND CLEANING)

- | | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> PAPER CHINET PLATES – INCLUDED | SILVERWARE |
| <input type="checkbox"/> PLASTICWARE – INCLUDED | <input type="checkbox"/> ENTIRE SET \$2.00/PERSON |
| <input type="checkbox"/> PAPER NAPKINS – INCLUDED | <input type="checkbox"/> DINNER FORK \$.75/PERSON |
| <input type="checkbox"/> PLASTIC CUPS – INCLUDED | <input type="checkbox"/> SALAD FORK \$.75/ PERSON |
| <input type="checkbox"/> SALAD PLATES \$2.00/PERSON | <input type="checkbox"/> BUTTER KNIFE \$.75/PERSON |
| <input type="checkbox"/> ENTREE PLATES \$2.75/PERSON | GLASSES |
| <input type="checkbox"/> WHITE LINEN NAPKINS \$1.50/PERSON
(PLEASE ASK ABOUT ADDITIONAL COLORS) | <input type="checkbox"/> WATER GOBLETS \$2.75/PERSON |
| <input type="checkbox"/> SKIRTING | <input type="checkbox"/> WINE GLASSES \$2.75/PERSON |
| <input type="checkbox"/> DINNER PACKAGE – INCLUDES DINNER PLATE, SALAD PLATE AND SILVERWARE SET
\$6.75/PERSON | |
| <input type="checkbox"/> (ADD \$1.00/PERSON FOR LINEN NAPKINS) | |

TOTAL RENTAL FEES \$ _____



TYPE OF SERVING STYLE: BUFFET/PLATED

MENU:

TABLED/PASSED APPETIZERS _____

MEAT 1 _____

MEAT 2 _____

PASTA _____

STARCH _____

VEGETABLE _____

SALAD _____

DRESSING 1 _____

DRESSING 2 _____

ROLLS WITH BUTTER

BEVERAGES: LEMONADE/TEA/REGULAR COFFEE/DECAF COFFEE/WATER

SILVER SPOON CATERING DESSERT _____

IS THE CATERER CUTTING THE WEDDING CAKE? YES/NO FEE \$ _____

PLATES & FORKS PROVIDED BY CATERER FOR CAKE? YES/NO FEE \$ _____

LEFT OVER FOOD POLICY

CLIENT IS RESPONSIBLE TO BRING SUITABLE CONTAINERS FOR ALL LEFTOVER FOODS, IN WHICH CATERER WILL STORE IN A REFRIGERATED SPACE FOR DURATION OF EVENING. CATERER IS NOT RESPONSIBLE FOR PROPER TRANSPORTATION OF FOOD AFTER CONCLUSION OF EVENT.



FOOD RESTRICTIONS:

DÉCOR REQUESTS:

CUSTOMER WILL PROVIDE EXTRA DÉCOR FOR BUFFET TABLE _____

SILVER SPOON TO BRING DÉCOR _____

DÉCOR INFO:



PACKAGE: BRONZE (\$13/PERSON)
SILVER (\$15/PERSON)
GOLD (\$17/PERSON)
PLATINUM (\$26.95 OR \$31.95)

TOTAL PACKAGE PRICE \$ _____

RENTAL FEES \$ _____

TIP \$ _____

SERVICE FEE @ 20% \$ _____

TAX: 7.25% \$ _____

EVENT TOTAL \$ _____

- 25% OF EVENT TOTAL IS REQUIRED AT BOOKING TO RESERVE DATE
- HALF OF CONTRACT AMOUNT MUST BE PAID SIX MONTHS PRIOR TO DATE OF EVENT
- REMAINDER OF CONTRACT DUE 21 DAYS PRIOR TO THE EVENT TO BE PAID IN FULL

DOWN PAYMENT OF _____ RECEIVED ON _____

SECOND PAYMENT OF _____ RECEIVED ON _____

FINAL PAYMENT OF _____ RECEIVED ON _____



ESCALATION CLAUSE

SHOULD THERE BE A RISE IN THE COST OF ANY SPECIFIED FOOD PRODUCT OR PRODUCT MATERIALS, IN AN EXCESSIVE AMOUNT, THAT WOULD CAUSE THE TOTAL CONTRACT PRICE TO INCREASE, SILVER SPOON CATERING SHALL PROVIDE THE CLIENT NOTICE OF THE INCREASE AND HOW MUCH IT WOULD CHANGE THE TOTAL PRICE. THE CLIENT WOULD THEN BE RESPONSIBLE TO PAY THE DIFFERENCE OR CHOOSE A SUBSTITUTE ITEM CLOSER TO THE ORIGINAL COST.

CANCELLATION POLICY:

IF THE EVENT IS CANCELLED WITHIN 6 MONTHS OF THE EVENT DATE, DEPOSIT WILL NOT BE REFUNDED

CUSTOMER SIGNATURE _____ DATE _____

CUSTOMER SIGNATURE _____ DATE _____

DATE _____

SILVER SPOON ILLINOIS INC.

***PLEASE MAKE CHECKS PAYABLE TO SILVER SPOON ILLINOIS INC.**

SILVER SPOON ILLINOIS INC.
8793 Old US Hwy 50
Breese, IL 62230