



# Catering Intake Form

TODAY'S DATE AND TIME: \_\_\_\_\_

POC NAME: \_\_\_\_\_

ORGANIZATION/UNIT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- GOLF TOURNAMENT AND BANQUET ROOM BUFFET
- GOLF TOURNAMENT AND BAR USE ONLY
- BANQUET ROOM BUFFET
- OTHER \_\_\_\_\_

1<sup>ST</sup> REQUESTED EVENT DATE AND TIME: \_\_\_\_\_

ALTERNATE EVENT DATE AND TIME: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

GUEST COUNT: \_\_\_\_\_

## CATERING CONTACT INFORMATION

253-324-8644

[tamara.n.fogel.naf@mail.mil](mailto:tamara.n.fogel.naf@mail.mil)



# EAGLES PRIDE

Joint Base Lewis-McChord Golf Course