# 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 _____

1ST REQUESTED EVENT DATE AND TIME:_____

ALTERNATE EVENT DATE AND TIME:_____

TYPE OF EVENT:_____

GUEST COUNT:_____

CATERING CONTACT INFORMATION
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EAGLES PRIDE
Joint Base Lewis-McChord Golf Course