



Hendrix Dining Service Catering Department

General Event Request Form

Contact Person/Phone _____

Date of Event: _____

Time of Event: _____

Location: _____

Number of Guests: _____ *Vegetarian Guests:* _____

Type of Setting: *Formal* ___ *Informal* ___ *Drop Off* ___

Meal Type: *Breakfast* ___ *Lunch* ___ *Dinner* ___ *Reception* ___

Type of Service: *Buffet* ___ *Served* ___

Cocktails: Yes ___ *No* ___ *Hors d' Oeuvres: Yes* ___ *No* ___

Beer and Wine: Yes ___ *No* ___

Wine with Meal: Yes ___ *No* ___

After Dinner Drink: Yes ___ *No* ___

Fresh Flowers: *Yes* ___ *No* ___

*Hendrix Catering Services
1600 Washington Ave.
Conway AR 72032
Cecilia Driver, Manager
Driver@hendrix.edu
450-1309*