



Baptist Health

MEDICAL CENTER
Little Rock

BHMC-LR Nutrition & Food Services Department
CATERING & ROOM REQUEST FORM
Phone 501-202-2167 FAX: 501-202-1231
E-mail: BHMCLRCatering@baptist-health.org

Date Submitted: _____

* Name of Group:	BH Customer #: (Cafeteria Charge Number) *Mandatory Cash/Check <input type="checkbox"/>
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*Contact Person _____

*Address _____ City _____ Zip Code _____

*Daytime Phone _____ FAX _____ Email address _____

*Type of Event _____ # Attending _____

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

Start time _____ AM/PM Ending time _____ AM/PM Time meal is Served _____ AM/PM

MEAL TYPE:

<input type="checkbox"/> Plated (Tables Set & Food Handserved, \$2.25 Extra Per Person) <input type="checkbox"/> Buffet (No Tables Set & Food Buffet Style) <input type="checkbox"/> Buffet Served (Tables Set & Food Buffet Style. \$1.25 Extra Per Person) <input type="checkbox"/> Buffet Carry Up (Food Will Be Delivered & Set-Up) <input type="checkbox"/> Scramble (Group Will Go Through Cafeteria) <input type="checkbox"/> Carry Up (Food Will Be Delivered) <input type="checkbox"/> Pick Up (Customer Picks Up Food)	<input type="checkbox"/> Refreshment Set-Up (No Attendant) <input type="checkbox"/> Reception (Food Set-Up-Attendant, \$1.00 Extra Per Person) <input type="checkbox"/> No Food For Function <input type="checkbox"/> No Food - Special Set-Up <input type="checkbox"/> Advance Room Set-Up <input type="checkbox"/> China <input type="checkbox"/> Paper
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STANDARD SET UP (regular dining room style)
 SPECIAL ROOM ARRANGEMENT
 U Shape T Shape Square Rectangular Auditorium Classroom

MENU: MUST BE LISTED TO SCHEDULE ROOM
(Ten working days notice or menu of the day will be served)

	Quantity
_____	_____
_____	_____
_____	_____
_____	_____

Any Meal Changes or Cancellations must be Submitted **THREE WORKING DAYS** in Advance. Absolutely No Changes Will Be Accepted after this Time. All Functions Not Meeting the Deadline Will Be Responsible for Paying Non-recoverable Costs. For AV equipment and charges refer to page 3 in the Catering/Scheduling Policy and Procedures.

***Mandatory Fields Must Be Completed To Make Reservation.**