

Frohling's Catering Service

P.O. Box 82 Hecla, SD 57446 (605)994-2632

Catering Contract

Name of Responsible Party _____

Address _____

Phone Number (Home) _____ (Work) _____

Email _____

Entrée(s) _____

Potato _____

Vegetable _____

Salad _____

Beverage _____

Misc. _____

Date of Event _____ Serve at _____

Location of Event _____

Number of Guests _____

Total Deposit Due _____ **\$500** _____

I have read and agree upon all of the contract policies, the above menu and the price of the meal. **I agree to pay a down payment at this time, with the balance of the money due before the serving begins.** If more guests are served than agreed upon, I agree to pay the bill within 30 days of receiving the bill.

Signature _____

Date _____ Credit Card Number _____ Exp. Date _____