



MONTANA STATE UNIVERSITY NORTHERN

Catering Services

Date Submitted: _____

Requested By: _____

Day and Date of Event: _____

Phone Number: _____

Name of Event: _____

Contact Person: _____

Event Location: _____

Bill To/Index#: _____

Event Start Time: _____

Number of Guests: _____

Set Up/Delivery Time: _____

Paper or China: _____

End of Event Pick Up Time: _____

Menu Requested:

Beverages: (all meals are served with coffee, water, and your choice of ice tea, lemonade, or canned pop)

Supplies Requested: (tablecloths, napkins, glasses, etc.)

Return form to:

Becky Toth
Director of Food Services and Catering
MSU-Northern
P.O. Box 7751
Havre, MT 59501-7751

becky.toth@msun.edu
406-265-3796