

Taste Event Staff

Client: _____ Company: _____
Cell: _____ Ph: _____ Email: _____
Guest Count: _____ Client: New Existing • Payment: CC or Check • Receipt: Bring Mail Fax Email
 Pick Up or Delivery Address: _____ Suite: _____
City: _____ Contact: _____ Phone: _____
Day: M T W Th F Sat Sun ~ Date: _____ 2010 Time Served: _____ - _____

Taste Event Staff

Gratuity at Clients Discretion \$ _____ Taste Rep: _____ Driver _____
Minimums apply for Delivery • Delivery Fee & CA tax added_ • Pick Up: 26I40 Enterprise Way, Lake Forest, CA 92630