



UDairy Creamery Full Service Catering Request Form

Please submit your request at least 3 weeks prior to the event. Requests can be faxed to (302) 831-4035 or e-mailed to udcreamery@udel.edu. If not using a JV/Purpose code, please call with a credit card or a check made payable to "University of Delaware" can be used.

Name: _____ Organization: _____

Phone Number: (____) _____ - _____ E-mail: _____

Date of Event: ____/____/____ Estimated Attendance: _____

Serving Time: ____:____ (am_/pm_) - ____:____ (am_/pm_) Set-up complete by: ____:____ (am_/pm_)

Event Address: _____ City, State, Zip: _____

If paying via JV please provide a purpose code below:

Purpose code: _____ Account Administrator: _____

Option Selected (please answer Yes or No):

Option 1- Single Scoop \$3.50pp: _____

Option 2- Single and Double Scoops \$4.50pp: _____

Option 3- All you can eat \$5.25pp: _____

Additional Option: Sundae Bar additional \$1.00pp: _____

Flavor preference (please choose one):

Option 1: Creamery Favorites: _____ Option 2: Request Flavors: _____

Requested Flavors: (Choose 1 flavor per 25-35 people, limit of 6 flavors)

(for a listing of current available flavors, please visit the menu selection of our website creamery.udel.edu)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Additional Comments or Instructions:

Office use only:

Date Request Submitted: ____/____/____ Approved on: ____/____/____

Final Head Count: _____ Confirmed on: ____/____/____ Total Charge: \$____.____

Credit Card Number: _____ Expiration Date: ____/____