

# SYRACUSE UNIVERSITY COLLEGE OF LAW

## FOOD/BEVERAGE ORDER FORM

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NAME: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

EXPECTED NUMBER OF PEOPLE: \_\_\_\_\_

VENDOR: \_\_\_\_\_

FOOD/BEVERAGE TO BE ORDERED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT ORGANIZATION: \_\_\_\_\_

CONTACT NAME FOR EVENT: \_\_\_\_\_

CONTACT EMAIL FOR EVENT: \_\_\_\_\_