



Spicy Sunshine Catering

Catering Contractual Agreement

Clients Name _____

Address _____

Phone # () _____ **Fax #** _____

Cell Phone # _____ **Other Contacts** _____

Date of Function _____ **Number of Persons** _____

Starting Time _____ **Time of Catering Arrival** _____

Final Estimate _____ **Deposit (50%)** _____

Remaining Balance (Due upon completion of event) _____

Menu

Clients Signature _____

Spicy Sunshine's Signature _____