

Brett & Julie Ann Scott
Owners
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Liberty, Mo. 64069



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Catering Contract

Client's Name _____ Client's Address: _____

City _____ State _____ Zip _____

Telephone No.: Work _____ Home _____ Fax: _____

Event: _____

Address of event: _____ Date of Event: _____ Time of event: _____

Set-up time: _____ Serve time: _____

Menu: _____

Number of Persons: _____

Subtotal \$ _____

Sales Tax _____

Total _____

Less 50% Non-refundable Deposit: _____

Balance Due By _____ In the Amount of: \$ _____

Fifty percent (50%) Non-refundable Deposit Required Upon Signature of Contract.

Number of guaranteed persons and payment in full must be received seven days prior to the date of the event.

Client

Date

Brett and/or Julie Ann Scott

Date