



# Stephanelle's Tasty Temptations Enquiry Form

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## Contact Information

Contact's Surname:	Contact's Given Names:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss		
		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.		
		<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.		
Business Name:					
Email:		Mobile Phone no.:			
Street address:		Work Phone no.: ( )	Home Phone no.: ( )		
City:		State:	Postcode:		
Where did you hear from us?	<input type="checkbox"/> Friend	<input type="checkbox"/> Colleague	<input type="checkbox"/> Web	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> White Pages
	<input type="checkbox"/> At a function we catered for, please provide details		<input type="checkbox"/> Other, please provide details		

## Function Information

Function Occasion:			Date of Function: / /		
Venue Location: (if different from above):					
Number of Guests:		Guest Arrival Time:	Food Service Start Time:	Conclusion Time:	
Type of Catering Required:	<input type="checkbox"/> Finger Food	<input type="checkbox"/> Buffet	<input type="checkbox"/> Platter	<input type="checkbox"/> Formal Dining	
	<input type="checkbox"/> Office Catering	<input type="checkbox"/> Private Catering	<input type="checkbox"/> Other, please provide details		
Budget in mind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify:		
Are Staff Required*:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Hours Required:		*Subject to Discussion
Is Serving ware Required?*	<input type="checkbox"/> Crockery	<input type="checkbox"/> Napery	<input type="checkbox"/> Cutlery	<input type="checkbox"/> Glassware	

Contact Signature

Date