



SMOKEHOUSE CATERING REQUEST FORM

320 W. Willoughby Ave. Juneau, AK 99801

smokehousecatering@ccthita-nsn.gov

P: (907) 463-7122 • F: (888) 322-6407

EVENT DETAILS

Event Name:	Event Date:
Event Time:	Estimated Count:

Event Location:

Please Select One: Delivery Pick-up On-Site (for Elizabeth Peratovich Rentals Only)

CONTACT INFORMATION

Event Contact:	
Company/Institution/Department:	
Phone:	Cellular Phone:
Email:	

ORDER

Quantity	Item

AGREEMENT

I agree to provide Smokehouse Catering with the final guest counts at least 7 working days prior to the event date. I agree to accept responsibility for the final guest count or the actual guest count, whichever is greater. Request for menu changes must be received at least 7 working days prior to the event. Not all last minute requests can be honored. Please submit request(s) electronically to smokehousecatering@ccthita-nsn.gov.

Signature: _____	Date Submitted: _____
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Thank you, Noel Ramirez, Executive Chef

