Lake Doniphan
CONFERENCE AND RETREAT CENTER
12856 Doniphan Lake Road Excelsior Springs, MO 64024
(816) 630-1523 Fax (816) 630-2224 www.lakedon.org

FOOD SERVICE REQUEST FORM

USER GROUP NAME: _____

FOOD SERVICE CONTACT PERSON: _____ ***Phone:*** _____

EVENT DATE/S: _____

NUMBER OF GUESTS: ADULTS (13+) _____ ***AGES 5-12*** _____ ***AGES 0-4*** _____

MEAL PREFERENCES- PLEASE INDICATE FIRST AND SECOND CHOICES

DAY/DATE	***BREAKFAST*** ***TIME MENU#***	***LUNCH*** ***TIME MENU#***	***DINNER*** ***TIME MENU#***

SPECIAL NOTES: (***DIETARY RESTRICTIONS-KOSHER-REFRESHMENT BREAKS-SNACKS-BANQUET-BUFFET REQUIREMENTS-SPECIAL REQUESTS)***