



PLEASE GIVE US A STARTING POINT SO WE CAN SUBMIT OUR PROPOSAL FOR YOUR UPCOMING EVENT!

Date Submitted:

CUSTOMER INFORMATION:

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email Address: _____

EVENT INFORMATION:

Event Date: _____ Hours: _____ Duration: _____

Planned Event Location: _____ Number of Guests: _____

Event Entertainment:

Music:	Games:	Kids:
<input type="checkbox"/> DJ Entertainment	<input type="checkbox"/> Ring Toss	<input type="checkbox"/> Bounce House
<input type="checkbox"/> Live Bands	<input type="checkbox"/> Horse Shoes	<input type="checkbox"/> Water Slide
<input type="checkbox"/> Karaoke	<input type="checkbox"/> Volley Ball	<input type="checkbox"/> Piñata
<input type="checkbox"/> Other _____	<input type="checkbox"/> Badminton	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Other _____	

Event Meals:

Meat: **OUR MEATS ARE SERVED WITH OUR SIGNATURE SPECIALTY SAUCES**

	Hamburger (cheese?)	Hot Dog (Chili?)	Sausage (Peppers?)	Kielbasa	Steak	Ribs (Spec)	Pork	Chicken	Turkey	Fish	Shell Fish
Steamed											
Fried											
Roasted					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appetizers:	Soups:	Salads:	Fruit/Veggies:
<input type="checkbox"/> Chips & Dip	<input type="checkbox"/> NE Clam Chowder	<input type="checkbox"/> Potato Salad	<input type="checkbox"/> Vegetable Plate
<input type="checkbox"/> Cheese & Cracker Tray	<input type="checkbox"/> Manhattan Clam Chowder	<input type="checkbox"/> Cole Slaw	<input type="checkbox"/> Fruit Plate
<input type="checkbox"/> Finger Sandwiches	<input type="checkbox"/> Chili	<input type="checkbox"/> Pasta Salad	<input type="checkbox"/> Corn on the Cob
<input type="checkbox"/> Deviled Eggs	Starch:	<input type="checkbox"/> Fruit Salad	<input type="checkbox"/> Baked Beans
<input type="checkbox"/> Shrimp Cocktail	<input type="checkbox"/> Fried Potatoes	<input type="checkbox"/> Garden Salad	<input type="checkbox"/> Steamed Vegetables
<input type="checkbox"/> Chicken Wings	<input type="checkbox"/> Mac & Cheese	<input type="checkbox"/> Caesar Salad	<input type="checkbox"/> Onions & Peppers

Condiments:	Dressings:
<input type="checkbox"/> Ketchup	<input type="checkbox"/> Blue Cheese
<input type="checkbox"/> Mustard	<input type="checkbox"/> Ranch
<input type="checkbox"/> Mayo	<input type="checkbox"/> Honey Mustard
<input type="checkbox"/> Relish	<input type="checkbox"/> Thousand Island
<input type="checkbox"/> Salt & Pepper	<input type="checkbox"/> Caesar
<input type="checkbox"/> Hot Sauce	<input type="checkbox"/> Italian
<input type="checkbox"/> Worcestershire Sauce	<input type="checkbox"/> Vinaigrette
<input type="checkbox"/> Steak Sauce	<input type="checkbox"/> Rice Wine Vinegar
<input type="checkbox"/> Cocktail Sauce	<input type="checkbox"/> Balsamic Vinegar
<input type="checkbox"/> Tartar Sauce	<input type="checkbox"/> Other _____
<input type="checkbox"/> Soy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Wasabi	<input type="checkbox"/> Other _____
<input type="checkbox"/> Horseradish	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Event Beverages:

Soda:	Juice:	Other:	Mixers:
<input type="checkbox"/> Cola	<input type="checkbox"/> Orange Juice	<input type="checkbox"/> Fruit Punch	<input type="checkbox"/> Daiquiri
<input type="checkbox"/> Lemon/Lime	<input type="checkbox"/> Grapefruit Juice	<input type="checkbox"/> Lemon Aid	<input type="checkbox"/> Margarita
<input type="checkbox"/> Zero	<input type="checkbox"/> Cranberry Juice	<input type="checkbox"/> Sweetened Iced Tea	<input type="checkbox"/> Bloody Mary
<input type="checkbox"/> Root Beer	<input type="checkbox"/> Pineapple Juice	<input type="checkbox"/> Unsweetened Iced Tea	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cream Soda	<input type="checkbox"/> Apple Juice	<input type="checkbox"/> Water	<input type="checkbox"/> Other _____
<input type="checkbox"/> Grape	<input type="checkbox"/> Grape Juice	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Orange	<input type="checkbox"/> Tomato Juice	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diet Preferred	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

PLEASE NOTE: YOU MUST BRING YOUR OWN BOOZE!

<http://www.tonysbackwoodsbarbecue.com>