



**Catering by Joanna**

**CATERING QUESTIONNAIRE**

**LOCATION OF EVENT:  
NUMBER OF GUESTS:  
DATE:  
TIME:  
BUDGET:**

**BREAKFAST:  
BRUNCH:  
LUNCHEON:  
DINNER:  
COCKTAILS:**

**SIT DOWN MEAL (PLATED AND SERVED):  
BUFFET (SELF SERVE FROM CHAFING DISHES):  
GRAZING - CHARCUTERIE/FINGER FOODS (SELF SERVE):  
PASSED CANAPÉS:**

**WELCOME COCKTAIL OR CHAMPAGNE:  
BAR:  
WINE AND BEER:  
SPARKLING WATER, SOFT DRINKS:**

**PASSED CANAPÉS - HOT OR COLD OR BOTH  
CHARCUTERIE BOARDS ON EACH TABLE**

**DESSERT:  
    SMALL BITES  
    ICE CREAM BAR  
    WEDDING CAKE**

**FOOD ALLERGIES/SENSITIVITIES:  
VEGAN:  
VEGETARIAN:  
GF:**

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**OTHER THINGS**

**COLOUR SCHEME:  
WEDDING PLANNER:  
FLOWERS:  
WINE SELECTION:  
BARTENDER:  
SERVING/CLEARING STAFF:  
RENTALS:  
DISHES/LINENS/NAPKINS/BARWARE:  
DECORATIONS:  
LIQUOR LICENCE:**

