



**THE BLVD**

Mississippi Boulevard Christian Church  
(Disciples of Christ)

# Catering Services

PLANNING A MENU @ THE BLVD

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
<p><b>Option One \$5.95/person</b></p> <p>“Wellness Breakfast”</p> <p>Assorted Fresh Fruit (In Season)</p> <p>Bran Muffins or Choice of Low Fat Muffins</p> <p>Assorted Yogurt</p> <p>Granola Bars</p> <p>Chilled Assorted Juices</p>	<p><b>Option One \$8.95/person</b></p> <p>“Pasta Deluxe Salad”</p> <p>Pasta Salad &amp; Grilled Chicken on Bed of Lettuce</p> <p>Bread Sticks</p> <p>Lite Dessert</p> <p>Tea/Water</p>	<p><b>Option One \$9.95/person</b></p> <p>“Italian Dinner”</p> <p>Garden Lasagna</p> <p>Spring Mix Salad</p> <p>Bread Sticks</p> <p>Beverage/Water</p>
<p><b>Option Two \$5.00/person</b></p> <p>“Cereal Eye Opener”</p> <p>Assorted Fresh Fruit (In Season)</p> <p>Assorted Cereal</p> <p>Milk</p> <p>Granola Bars</p> <p>Chilled Assorted Juices</p> <p>Coffee</p>	<p><b>Option Two \$9.00/person</b></p> <p>“Gourmet Salad”</p> <p>Chicken or Tuna Salad</p> <p>Tropical Salad</p> <p>Croissant</p> <p>Tea / Water</p>	<p><b>Option Two \$5.95/person</b></p> <p>Spaghetti w/Meat Sauce or Marinara</p> <p>Garden Spring Mix Salad</p> <p>Bread Sticks</p> <p>Beverage/ Water</p>
<p><b>Option Three \$ 4.95/person</b></p> <p>“Breakfast Sandwich”</p> <p>Choice of Sausage, Ham or Bacon Biscuit</p> <p>Assorted Fresh Fruit</p> <p>Chilled Assorted Juices</p>	<p><b>Option Three \$8.25/person</b></p> <p>“Burger Bar”</p> <p>Choice of Beef, Turkey or Garden Burger</p> <p>Chips</p> <p>Cookie</p> <p>Beverage</p>	<p><b>Option Three \$9.00/person</b></p> <p>“Grilled Chicken Dinner”</p> <p>Mesquite Chicken Breast</p> <p>Choice of Starch</p> <p>Choice of Vegetable</p> <p>Roll</p> <p>Dessert</p> <p>Beverage</p>
<p><b>Option Four \$7.95/person</b></p> <p>“Southern Style”</p> <p>Choice of Turkey Bacon or Sausage Links/Patties</p> <p>Scrambled Eggs</p> <p>Creamy Grits</p> <p>Biscuit or Whole Grain Toast</p> <p>Chilled Assorted Juice</p> <p>Coffee</p>		



## MBCC EVENT CATERING REQUEST & CONSULTATION FORM

### (EXTERNAL EVENT CATERING)

Group Name \_\_\_\_\_

Nature of Event/Occasion \_\_\_\_\_

1<sup>ST</sup> Contact Person: \_\_\_\_\_

Contact Phone Number (s): Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell/Pgr \_\_\_\_\_

2<sup>nd</sup> Contact Person: \_\_\_\_\_

Contact Phone Number (s): Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell/Pgr \_\_\_\_\_

Set-Up Time: \_\_\_\_\_ AM/ PM

Event Start Time: \_\_\_\_\_ AM/ PM

Event End Time: \_\_\_\_\_ AM/ PM

Food Served @: \_\_\_\_\_ AM/ PM

Breakdown Time: \_\_\_\_\_ AM/ PM

Type of Event *(Select One)*     Formal     Semi-formal     Casual  
 Other *(Please Specify)* \_\_\_\_\_

Type of Meal *(Select One)*     Breakfast     Lunch     Dinner  
 Other *(Specify)* \_\_\_\_\_

Anticipated Budget \$ \_\_\_\_\_

Projected Attendance \_\_\_\_\_    No. of Meals Needed \_\_\_\_\_ *(If Different)*

Menu Option Selected \_\_\_\_\_

Any Food Allergies You Are Aware of:  Yes     No    List: \_\_\_\_\_

Consultation Completed On \_\_\_\_\_ By \_\_\_\_\_

