

MILSEAN FRESH and MILSEAN FRESH CAFÉ

LANGLEY MEMORIAL HOSPITAL ON-SITE CATERING ORDER FORM

*** FOOD & BEVERAGE SERVICE ***

(Please complete both Pages 1 and 2)



Minimum order of \$45.00 required.

We require 48 business hours notice prior to Date for Catering.

48 business hours notice of cancellation required without charge.

Please print out and fax or email completed form (pages 1 and 2) to Milsean Shoppe.

We will contact you upon receipt of order.

Fax: 604-856-6176 OR Email: milsean@telus.net

Date for Catering:	Delivery Drop-off Time:
Contact Name:	Retrieval Time:
Contact Phone #:	On-Site Phone #:
Delivery Location:	BILLING INFO: Name:
	Address:
	Phone # or email:

PLEASE RECORD YOUR FOOD ORDER BELOW

Please list selection of food items from our Menu and indicate quantity of each

	Qty = _____
	Qty = _____
	Qty = _____
	Qty = _____
	Qty = _____
	Qty = _____
	Qty = _____
	Qty = _____
	Qty = _____
	Qty = _____
	Qty = _____

Please complete Beverage selection on Page 2

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PLEASE RECORD YOUR BEVERAGE ORDER BELOW

HOT BEVERAGES

8-cup Urn Premium Medium Roast Coffee (8 x 8oz portions)	# of Urns = _____
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Organic Tea Selection - Please indicate quantity for each variety. Urn(s) of Hot Water and cups included

English B'fast	x _____	Decaf		English B'fast	x _____	Earl Grey	x _____
Green Tea	x _____	Peppermint	x _____	Chamomile	x _____		

Urn of Hot Water - extra (w/o tea)	# of Urns = _____
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Water Jug (cups included)	# of Jugs = _____
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COLD BEVERAGES

Please list selection of cold beverages from our Menu and indicate quantity of each.

	Qty =		Qty =
	Qty =		Qty =
	Qty =		Qty =
	Qty =		Qty =
	Qty =		Qty =
	Qty =		Qty =

Please complete Food selection on Page 1

For Food and Beverage Service, please ensure that you complete and send us both Pages 1 and 2. Thank you!