

Personnel Request Form

Date Ordered	<input type="text"/>	Purchase Order #	<input type="text"/>
Event Date	<input type="text"/>	Order Placed By	<input type="text"/>
Customer	<input type="text"/>		
Event Name	<input type="text"/>	Contact Name and phone #	<input type="text"/>
Event Address	<input type="text"/>		
	<input type="text"/>		
	Prov	<input type="text"/>	Postal Code <input type="text"/>
Main Intersection	<input type="text"/>		
	Client Phone # <input type="text"/>	Ext <input type="text"/>	Event Start Time <input type="text"/>
	On site Phone # <input type="text"/>	Ext <input type="text"/>	Event End Time <input type="text"/>

Type of Event

Type of Service (check box below)			
<input type="checkbox"/>	Buffet	<input type="checkbox"/>	Hors d'oeuvre
<input type="checkbox"/>	Plated	<input type="checkbox"/>	Continental

Number of Guests
<input type="text"/>

Type of Staff Required	Attire	# of Staff	Staff Start Time	Approx. Staff End Time
Total # of staff required		0		

Special Instructions

See attached page

Billing Information (for Private Clients)

Customer Name	<input type="text"/>			Phone	<input type="text"/>
eMail	<input type="text"/>			Cellular	<input type="text"/>
Street	<input type="text"/>	Apt / Suite	<input type="text"/>	Fax	<input type="text"/>
City	<input type="text"/>	Postal Code	<input type="text"/>		