

FRITZ'S

SUPERIOR SAUSAGE
COMPANY, INC.

EVENT INQUIRY FORM

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

The Details

DATE: _____ TIME: _____

LOCATION: _____

NUMBER OF GUESTS *(estimate)*: _____ BUDGET *(estimate)*: _____

TYPE OF SERVICE DESIRED: BUFFET STATIONS SITDOWN

ARE THERE ANY SPECIFIC MENU ITEMS OR STYLE OF CUISINE YOU PREFER?

IS THERE ANYTHING ELSE YOU'D LIKE TO TELL US?

