



Catering Occasion

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Contact _____

Guest of Honor _____

Type of Occasion _____

Date _____ Day _____ Time _____

of People _____

Adults _____ Children _____

Room-Café _____ Green _____

Order Cake-1/4 _____ 1/2 _____ Full _____

Whipped Cream Butter Cream

Type of Cake _____

Filling _____

Inscription _____

Special Instructions _____

Cost _____

8.625% Tax _____

20% Gratuity _____

Sub Total _____

Deposit _____

\$100.00 deposit is required to book date

Total _____

Thank You for choosing C.P. La Manno's for your special event. Please give us your final head count one week prior to your event along with your menu selections.

You are responsible for the number of guests that you guarantee.

Signature _____

Booked by _____

C.P. LaManno's

On & Off Premise Catering

915 Rte 25 A, Miller Place, New York 11764

631-744-0155