

The Pit Stop BBQ

Special Events • Theme Catering

Event Quote Request

Name: _____ Event Date: _____

Event Theme: _____ Event Time: _____

Address: _____ Number of People Attending: _____

City: _____ State: _____ Zip Code: _____

Event Location Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Numbers: Work: _____ Home: _____ Cell: _____

Service Selection: Delivery Buffet Sit Down Service

Special Equipment, (if yes checked, please select items): Yes No

Tent _____ Dance Floor _____ Tables _____ Chairs _____ Bar _____ Other _____
No. Required No. Required No. Required No. Required No. Required

If Other checked, please describe:

Menu Choices:

Special Food Preparation Requirements: Yes No

If yes, describe:

Other Notes:

Event Location Review Date & Time: _____

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