

# ZEKE's Island Cafe

Contact Information:

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Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Event: \_\_\_\_ / \_\_\_\_ / 2018 \_\_\_\_ : \_\_\_\_ AM or PM (circle or highlight one)

**Menu for Event:**

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Please see attached menu for options. If your item is no longer featured on the menu, please write down a second choice in the event we cannot accommodate your request

Type	Notes
<i>Finger sandwiches</i>	<i>Ham and cheese</i>

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**Please check all that apply:**

- Peanut Allergy                       Egg Allergy  
 Gluten Allergy                         Soybean Allergy  
 Dairy Allergy                             Shellfish/Seafood Allergy  
 Wheat Allergy                           Other (please specify): \_\_\_\_\_

***If you would like recommendations from Chef Stu or his staff, please fill out allergy section and use the menu section to write parameters (i.e. finger food) and we will get back to you as soon as possible.***

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**Additional Notes:**

Approval of this catering order and confirmation will be sent to the email listed on the application not the email this application is received from. Pricing and rates will be sent along with the confirmation email. Please be sure to mention any detail such as tax-exemption under the "Notes" section.



*Thank you for your business.  
"We are all in this together"*

