



EFS CATERING AND EVENTS

Tasting Policy and Guidelines



www.efscatering.com

904-403-9932

EFS Catering Tasting Policy

A Tasting is an important part of your event or reception wedding planning process, as a client you may want to try the food that you are having at your event to be sure it is exactly what you are looking for regarding flavor, freshness and presentation. Below are listed the EFS Catering Tasting Guidelines:

- You need to schedule an appointment for your tasting at least two to three weeks in advance.** Tastings are available Tuesday through Thursday. **We do not schedule tastings on the weekends.**
- Private tastings** can be reserved for **\$50.00 per person** with a limit of six persons maximum. This fee covers the cost of service and support staff, a professional chef, consult with your sales coordinator and requested menu items and is not refunded or reversed from a signed contract. Payment in advance is required to solidify your appointment and can be paid by credit card.
- You may select up to 10 items from your proposal and/ or our menu to try at your tasting. This will include 3 appetizers 3 entrees, 2 starches and 2 vegetables.

Note* You may customize a tasting to include additional items over the 10 inclusions. Pricing will be based on requested items and quantity.

Please Fill Out the Included Tasting Menu & Credit Card Authorization Forms and Send Back Via Email to Your Sales Coordinator to Begin the Scheduling Process for Your Tasting.

Finally, be sure to come hungry! There will be plenty to eat and anything you can't finish will be packed up for you to take home.

We look so forward to helping you design your event menu and to meeting you! It is our goal and intention to help you create beautiful & delicious memories that last a life time.

Sincerely,

The EFS Catering and Events Team 😊

Tasting Registration Form

Name of Client or Bride and Groom:

Contact Information- Phone and Email:

Date of Event and Venue:

How Many Guests Will Attend the Tasting?

Appetizer Selection- {Please Choose 3 Appetizers}

- 1)
- 2)
- 3)

Entrée Selection- {Please Choose 3 Entrees}

- 1)
- 2)
- 3)

Starch Selection- {Please Choose 2 Starches}

- 1)
- 2)

Vegetable Selection- {Please Choose 2 vegetables}

- 1)
- 2)

Any Allergies? Please be Specific *

Preferred Day of the Week: {Tuesday- Thursday} – Your Sales Coordinator Will Send A List of Potential Dates and Times Based on Your Response and Availability

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date