



# BPC EVENT AND FOOD SERVICE

EVENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EVENT CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## ROOM SIZES:

**DIRECTIONS:** For Hourly rate of less than 4 hours, put the amount of hours. For flat rates, place a "1" in the appropriate column

### Small - 20 or Less (Rms 012, 112, 117, 123, 205, 209)

Hourly Rate (Less than 4 hours)		\$80	
Half-day Flat Rate (min. 4 hours)		\$200	
Full Day Flat Rate (min 5 hours)		\$325	

NOTES

### Medium - 25-60 (Rms 015, 105, 110, 206, 210, Conf. Rm, Back Patio)

Hourly Rate (Less than 4 hours)		\$125	
Half-day Flat Rate (min. 4 hours)		\$345	
Full Day Flat Rate (min 5 hours)		\$550	

NOTES

### Large - 80+ (Fellowship Hall, 121, Front Patio)

Hourly Rate (Less than 4 hours)		\$200	
Half-day Flat Rate (min. 4 hours)		\$550	
Full Day Flat Rate (min 5 hours)		\$900	

NOTES

### Sanctuary - 100-460

Hourly Rate (Less than 4 hours)		\$125	
Half-day Flat Rate (min. 4 hours)		\$345	
Full Day Flat Rate (min 5 hours)		\$1200	

NOTES

### Kitchen

Hourly Rate (Less than 4 hours)		\$100	
Half-day Flat Rate (min. 4 hours)		\$275	
Full Day Flat Rate (min 5 hours)		\$450	

NOTES

## EQUIPMENT RENTAL FEES:

### General Built-in Projector

Hourly Rate (Less than 4 hours)		\$30	
Half-day Flat Rate (min. 4 hours)		\$65	
Full Day Flat Rate (min 5 hours)		\$90	

NOTES

### General Built-in Sound

Hourly Rate (Less than 4 hours)		\$30	
Half-day Flat Rate (min. 4 hours)		\$65	
Full Day Flat Rate (min 5 hours)		\$90	

NOTES

### Sanctuary Sound

Hourly Rate (Less than 4 hours)		\$30	
Half-day Flat Rate (min. 4 hours)		\$65	
Full Day Flat Rate (min 5 hours)		\$90	

NOTES

### Sanctuary Projector

Hourly Rate (Less than 4 hours)		\$30	
Half-day Flat Rate (min. 4 hours)		\$65	
Full Day Flat Rate (min 5 hours)		\$90	

NOTES

Sanctuary Piano / Organ (Piano included, Organ needs prior approval)

TOTAL

# BPC FOOD SERVICE ORDER FORM

**EVENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**EVENT CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MENU IS FINAL PRIOR TO 2 WEEKS  
BEFORE YOUR EVENT!**

CHECK BOXES AND ADD GUEST COUNT TO EACH ITEM

## BREAKFAST (BASE CHARGE PER PERSON INCLUDES COFFEE & TEA SERVICE)

**ENTER NUMBER OF GUESTS**  **DIETARY NEEDS**  Vegetarian  Gluten-Free  Extra Dietary Total Cost   
(Add \$3.00 per person per special menu)

BASE CHARGE \$4.00

	CHECK BOX
Fresh Fruit	
Pancakes	
Pastries or Bagels & Cream Cheese	
Roasted Potatoes	
Yogurt & Granola	
Oatmeal (Stir-ins Provided)	
Hardboiled Egg	

# OF GUESTS	COST	TOTAL
	\$2.00	
	\$2.00	
	\$2.00	
	\$2.00	
	\$2.00	
	\$2.00	
	\$1.00	

Items below are \$3.00/ea.

	CHECK BOX
Bacon	
Sausage	
Scrambled Eggs	
Egg Strata	
Egg Cups	

# OF GUESTS	COST	TOTAL
	\$3.00	
	\$3.00	
	\$3.00	
	\$3.00	
	\$3.00	

## LUNCH OR DINNER (INCLUDES COOKIES, COFFEE / TEA SERVICE - UPGRADED DESSERT \$1.00)

**ENTER NUMBER OF GUESTS**  **DIETARY NEEDS**  Vegetarian  Gluten-Free  Extra Dietary Total Cost   
(Add \$3.00 per person per special menu)

Light Meal, \$6.00/per guest, and choose from the following:

	CHECK BOX
Upgrade Dessert	
Sandwich Buffet, Green Salad, Chips	
Single Dish Hot Meal OR Sing Soup Option, Green Salad, Bread	
2 Varieties of Soup, Green Salad, and Bread	
Fusion Bowls (Max Order 25)	

# OF GUESTS	COST	TOTAL
	\$1.00	
	\$6.00	
	\$6.00	
	\$6.00	
	\$11.00	

## BUFFET STYLE MEALS

**ENTER NUMBER OF GUESTS**  **DIETARY NEEDS**  Vegetarian  Gluten-Free  Extra Dietary Total Cost   
(Add \$3.00 per person per special menu)

\$13.00/per guest. Choose **ONE** from **EACH** Category:

### ENTRÉES

	CHECK BOX
Chicken	
Beef (Add \$2.00/per guest)	
Lasagna	
Chef's Choice	

### SALADS

	CHECK BOX
Mixed Green	
Caesar	
Spinach	
Chef's Choice	

### STARCHES

	CHECK BOX
Rice Pilaf	
Mashed Potatoes	
Polenta	
Chef's Choice	

### SALADS

Seasonal Roasted Veggies	
Chef's Choice	

# OF GUESTS	COST	TOTAL
	\$13.00	
BEEF ONLY	\$15.00	

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**EVENT CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MENU IS FINAL PRIOR TO 2 WEEKS  
BEFORE YOUR EVENT!**

**BREAK TIME OR A LA CARTE ITEMS:**

**ENTER NUMBER OF GUESTS**  **DIETARY NEEDS**      **Extra Dietary Total Cost**

(Add \$3.00 per person per special menu)

	CHECK BOX
Coffee & Tea Service	<input type="checkbox"/>
Breakfast Pastries	<input type="checkbox"/>
Cookies and Dessert Bars	<input type="checkbox"/>
Cheese and Crackers	<input type="checkbox"/>
Fresh Seasonal Fruit	<input type="checkbox"/>
Individual / Warm Appetizers	<input type="checkbox"/>
Plated Desserts (ex. Pie, Brownie, Ice Cream, etc.)	<input type="checkbox"/>

# OF GUESTS	COST	TOTAL
<input type="text"/>	\$1.00	<input type="text"/>
<input type="text"/>	\$2.00	<input type="text"/>
<input type="text"/>	\$2.00	<input type="text"/>
<input type="text"/>	\$2.00	<input type="text"/>
<input type="text"/>	\$2.00	<input type="text"/>
<input type="text"/>	\$4.00	<input type="text"/>
<input type="text"/>	\$4.00	<input type="text"/>

**ADDITIONAL DRINKS UPON REQUEST: (CHOOSE 2)** CHECK  
BOX

Lemonade	<input type="checkbox"/>
Iced Tea	<input type="checkbox"/>
Spa Waters	<input type="checkbox"/>
Hot Cocoa	<input type="checkbox"/>
Fruit Juice	<input type="checkbox"/>
Tomato Juice	<input type="checkbox"/>

# OF GUESTS	COST	TOTAL
<input type="text"/>	\$0.50	<input type="text"/>

**ADDITIONAL COSTS**

No Cost for Paper Goods:

Dishware Package: Glasses, Mugs, Plates, Silverware	
Linens: Per Table (seating 8 per table, food, beverage, break out rooms)	
Linens: Napkins per guest	
Flowers (Available Upon Request)	

# OF GUESTS	COST	TOTAL
<input type="text"/>	\$1.00	<input type="text"/>
<input type="text"/>	\$5.00	<input type="text"/>
<input type="text"/>	\$0.35	<input type="text"/>
Cost of flowers are based on individual event needs		

**PLEASE SUBMIT COMPLETED FORMS TO:**

**LEA HALL**

HOSPITALITY DIRECTOR & EVENTS COORDINATOR  
LHALL@BIDWELLPRES.ORG

*Thank you for choosing Bidwell Presbyterian Church for your event. We will review your event and be in touch with you as soon as possible.*

EVENT FORM FINAL TOTAL:

FOOD FORM FINAL TOTAL:

EXTRA DIETARY COST:

**GRAND TOTAL:**

**BPC INTERNAL USE ONLY**

**ACCOUNT TO CHARGE**

**NOTES**

**APPROVAL SIGNATURE**

**DATE**