



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	

BPC FOOD SERVICE ORDER FORM

EVENT NAME: _____ **DATE:** _____ **TIME:** _____ **LOCATION:** _____

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

	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"/>	\$7.62	<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