

Name:	Day/Date:
Breakfast Time	Continental #
Grill #	Brunch #
Lunch Time:	
# of Lunch Entree	
# of Lunch Entree	
Side Item A:	Side Item B:

Snack Time		Bartender Time	\$15 per hour
# of Snack		# of Snack	
# of Snack		# of Snack	

Dinner Time:	
# Soup/Salad:	\$
# of Entree:	\$
# of Entree:	\$
# of Special Diet:	
Vegetable:	
Side Item:	
# Dessert:	\$

Kid Menu Time:	
# of Entree:	\$
Side Item:	
# Dessert:	\$

Total Breakfast \$	Total Lunch \$	Total Snacks \$	Total Dinner \$	Total \$
--------------------	----------------	-----------------	-----------------	----------