

BANQUET EVENT ORDER (BEO) FORM

UMBC Department: _____

Date: _____

Contact Person: _____

Phone #: _____

E-mail: _____

Event Name: _____

Type of Event:

_____ Breakfast

_____ Lunch

_____ Dinner

_____ Reception

_____ Other: _____

Location of Event: _____

Estimated number of Guests: _____

Set-up Time: _____

Event Start Time: _____

Event End Time: _____

List Menu Items:

List Beverages:

List Equipment Needed:

List Miscellaneous Services Needed:
