

# CATERING REQUEST FORM

Please submit all request to Bruce Pham  
918.541.5093 | bruce.pham@buffalorun.com

## EVENT INFORMATION

Meeting Name: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Type: \_\_\_\_\_ Approximate Number of Attendees: \_\_\_\_\_

Special Instructions / Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONTACT INFORMATION

Company / Organization Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Region: \_\_\_\_\_ State / Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email : \_\_\_\_\_

Fax Number: \_\_\_\_\_



**BUFFALO RUN**  
CASINO & RESORT

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