

# Levan's Catering Taste Test Selection Form

(This form is to be used to tell us what foods you would like to try at your 1st Consultation and Taste)

Your name: \_\_\_\_\_

Taste Test Date: \_\_\_\_\_

Event Date: \_\_\_\_\_

Taste Test Time: \_\_\_\_\_

Circle the number of guest attending:

1      2      3      4

*\*We respectfully ask that only up to 4 people at our tastings. Also, please notify us of any food allergies.*

Menu Item Name	Type

# Levan's Catering Taste Test Selection Form 2/3

Menu Item Name	Type

# Levan's Catering Taste Test Selection Form 3/3

Menu Item Name	Type

Notes: