

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: _____

Est # of Guests: _____

Attending Taste: _____

**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: