## **MILSEAN FRESH and MILSEAN FRESH CAFÉ**

## LANGLEY MEMORIAL HOSPITAL ON-SITE CATERING ORDER FORM BEVERAGE SERVICE ONLY

Minimum order of \$25.00 required. We require 48 business hours notice prior to Date for Catering. 48 business hours notice of cancellation required without charge.



Our business hours are Monday through Friday 8:00 am to 4:00 pm (closed Stat Holidays).

Date for Catering:	Delivery Drop-off Time:	
Contact Name:	Retrieval Time:	
Contact Phone #:	On-Site Phone #:	
Delivery Location:	BILLING INFO: Name:	
	Address:	
	Phone # or email:	

## PLEASE RECORD YOUR ORDER BELOW

HOT BEV	ERAGES						
8-cup Urn Pr	emium Mediu	m Roast Coffee	(8 x 8oz porti	ons)			
(Includes milk, cream, sugar selection, cups & stir stix)					# of Urns =	# of Urns =	
Organic Tea	Selection - Ple	ase indicate qu	antity for each	variety. Urn(	s) of Hot Wate	r and cups includ	led
English B'fast	X	Decaf English B'fast	X	Earl Grey	X		
Green Tea	X	Peppermint	X	Chamomile	X		
Urn of Hot V	Vater - extra (w	v/o tea)				# of Urns :	=
Ice Water Se	rvice (8-Cup P	itcher & Cups)					s =
COLD BE	VERAGES						
Please list se	lection of cold	beverages from	n our Menu and	l indicate qua	ntity of each.		
			Qty =				Qty =
			Qty =				Qty =
			Qty =				Qty =
			Qty =				Qty =
			Qty =				Qty =
	4 16		Qty =	CI VI	17		Qty =

Please print out and fax or email completed form to Milsean Shoppe. We will contact you upon receipt of order.

Fax: 604-856-6176 OR Email: milsean@telus.net