



Carefree Dinner Party Services

Equipment Provided By Whom

Event date: ____/____/____

Client name: _____

<u>Item</u>	<u>Client provides</u>	<u>Chef provides</u>
Center piece(s)	<input type="checkbox"/>	<input type="checkbox"/>
Candles	<input type="checkbox"/>	<input type="checkbox"/>
Candle holders	<input type="checkbox"/>	<input type="checkbox"/>
Place nametags	<input type="checkbox"/>	<input type="checkbox"/>
Plates, dining	<input type="checkbox"/>	<input type="checkbox"/>
Plates, dessert	<input type="checkbox"/>	<input type="checkbox"/>
Flatware	<input type="checkbox"/>	<input type="checkbox"/>
Glasses, water	<input type="checkbox"/>	<input type="checkbox"/>
Glasses, wine	<input type="checkbox"/>	<input type="checkbox"/>
Napkins	<input type="checkbox"/>	<input type="checkbox"/>
Tablecloth	<input type="checkbox"/>	<input type="checkbox"/>
Water pitchers	<input type="checkbox"/>	<input type="checkbox"/>
Bread baskets	<input type="checkbox"/>	<input type="checkbox"/>
Chargers	<input type="checkbox"/>	<input type="checkbox"/>
Who sets table?	<input type="checkbox"/>	<input type="checkbox"/>