



Memorable Creations

ALL OCCASION CATERING

2990 Henry Road ♦ Jackson, MI 49201
(517) 787-0154

Breakfast Menu 10

Scrambled Eggs, with or without Cheese (Low cholesterol eggs available)

Cheese Omlettes

French Toast or French Toast Sticks

Pancakes with Syrup

Crepes Filled with Fruit

Egg Casserole with Veggies and / or Meat

Home Made Biscuits with Sausage Gravy

Meats

Bacon, Ham, Sausage.

Side dishes

Home Fries

Fresh Fruit Layout

Frozen Fruit Salad

Muffins & Rolls

Cinnamon Rolls, Danish (fruit filled), Assorted Muffins,
Donuts, Croissants, Bagels

Beverages

Juices: Apple, Orange, Grape, Grapefruit, Pineapple, Cranberry, Tomato, V8

Hot Drinks: Regular and Decaf Coffee, Teas, Hot Chocolate.

Number One Sample Menu:

Choice of Eggs, Choice of two Meats, Choice of Pancakes or French Toast (or sticks). An assortment of rolls and muffins,
Assortment of Beverages.

25 to 50 Guests \$ 6.50 50 and up \$ 6.00

Number Two Sample Menu :

Choice of Eggs, Choice of two Meats, Choice of Pancakes, French Toast (or sticks) or Crepes
Choice of one side dish, An assortment of rolls and muffins, Assortment of Beverages.

25 to 50 Guests \$ 7.00 50 and up \$ 6.75

Continental Breakfast Menu :
Assorted Rolls/Donuts/Bagels
Fresh Fruit Layout
Assorted Juices and Coffee
25 to 50 Guests \$ 5.50 50 and up \$ 5.00

ALL BUFFET PRICES ARE PER GUEST AND SUBJECT TO CHANGE.

Prices include: Disposable, dinner ware, dinner plates , dessert plates, cups, napkins, also includes creamers, sugar, salt and pepper, Set up of food and equipment, and clean up of same.

16% Gratuity will be added to the total bill

China and linens available at extra charge.

Delivery Fee Applicable Outside 20 Mile Radius

CONTRACT

Name: _____ Phone: _____ - _____ - _____
Phone: _____ - _____ - _____

Address: _____ State: _____ Zip: _____

Date of party: _____ Place of party: _____

Address of Party: _____ State: _____ Zip: _____

Type of party: _____ Time _____ Approximate number of guest : _____

Cost per-guest : \$ _____ Plus tax: _____

Non-refundable deposit amount (\$300.00 minimum) \$ _____ Date _____

Half of balance to be paid 14 days prior to event, with balance due four days prior to event.

Signature of person booking event: _____ Date: _____

How did you hear about us? Website ___ Yellow Pages ___ Friend ___ Other _____

Fax 517 784-6062
Website – WWW.MEMORABLECREATIONSCATERING.COM