



Information Request Form

To have a menu package mailed, faxed or e-mailed to you, please fill out the following form below.

First Name _____ Last Name _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone # with Area Code (____) _____ Fax # with Area Code (____) _____

Email Address _____
(Please enter full email address)

Date of Event _____ Type of Event _____

Event Theme _____ Number of Guests attending _____

Do you need a Venue? _____

How did you find us? _____

Comments _____

Phone: (949) 496-4851

Cell: (949) 233-6142

Fax: (949) 496-4013

Email: kirbside@dsextreme.com