

# **Elmina Catering & Event Management**

Exclusive Holiday Menu –Fax Order  
Fax- (888) 401-5634 Office (301) 839-3307  
[Info@elminacatering.com](mailto:Info@elminacatering.com)

## **Holiday Package Includes:**

Brown Sugar Glazed Ham (sliced)  
Roasted Turkey (sliced)  
Homemade Cornbread & Sausage Stuffing  
Cranberry Sauce  
Fresh Baked Breads & Butter

Two Sides \$16.99pp       Three Sides \$17.99pp       Four Sides \$18.99pp

## **Choose Sides:**

- Whole Green Beans with Toasted Almonds       Honey Glazed Baby Carrots       Garlic Mashed Potato with gravy  
 Baked Sweet Potato Casserole       Candied Yams       Holiday Vegetable Medley       Macaroni & Cheese  
 Asparagus with lemon herb vinaigrette (\$1.50 upcharge)       Green Beans with cherry tomatoes and tomato vinaigrette  
 Sweet Corn Medley with herb vinaigrette       Herbed Rice       Caesar Salad       Tossed Garden Salad (2 dressing options)  
 Mixed Green Salad with sweetened cranberries, toasted pecans, crumbled feta cheese, & balsamic vinaigrette  
 \_\_\_\_\_ Extra Sides @ \$2.00pp

## **Dessert Selection: (choose one)**

\$2.35pp

- Pumpkin Pie       Carrot Cake       Chocolate Cake       Fresh Fruit Platter       Assortment of Cookies & Brownies       Assortment of Miniature Pastries

## **Add-On:**

- High-quality plastic ware (Plate, Fork, Knife, Napkin) \$2.15pp

\*\*Please speak with your account executive regarding full service events that requires wait-staff and equipment rentals.\*\*

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## **FOR DELIVERY**

### **1. DATE OF DELIVERY:**

**2. TIME OF DELIVERY:** \_\_\_\_\_ --- \_\_\_\_\_ A.M/P.M. (30 minute window)

### **3. DELIVER TO:**

*(Company Name, Full address, Suite number, Zip code)*

### **4. PHONE NUMBER & CONTACT PERSON @ DELIVERY LOCATION:**

### **5. SPECIAL INSTRUCTIONS REGARDING DELIVERY:**

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**Customer Info**

NAME:

COMPANY NAME:

ADDRESS:

GUESTCOUNT:

PHONE NUMBERS: Daytime ( )

Fax ( )

PAYMENT METHOD: Visa, MasterCard, Discover, American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax To: (888) 401-5634**