

## Break Planner Worksheet

Break Time: \_\_\_\_\_ AM          Duration: \_\_\_\_\_

\_\_\_\_\_ PM          Duration: \_\_\_\_\_

Location: \_\_\_\_\_ Contact: \_\_\_\_\_

Staff Member in Charge: \_\_\_\_\_ Number of People: \_\_\_\_\_

### Beverages

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Coffee       | <input type="checkbox"/> Bottled Water |
| <input type="checkbox"/> Decaf Coffee | <input type="checkbox"/> Juices        |
| <input type="checkbox"/> Sodas        | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Tea          |  |

### Food Items

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

### Miscellaneous

Decorations: \_\_\_\_\_  
\_\_\_\_\_

Other Special Arrangements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Budget

Total: \$ \_\_\_\_\_ Per Person \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_ Gratuities \$ \_\_\_\_\_