



Complete; Return to Kitchen for submittal to School Nutrition CO & retain 1 copy

SPECIAL FUNCTION CATERED EVENT FORM

*A minimum 10 day advance notice is REQUIRED

Please complete form thoroughly

School/Department: _____

Contact Person: _____

Name Title Telephone #
Budget Code (REQUIRED): _____ - EFOD (complete fields specific to your school, no grant projects)
Example: G E N ? ? B D ? loc.

Name of Event: _____ Anticipated Number of Guests: _____

Day/Date of Event: _____ AM / PM Time of Event: _____

PARTICIPANTS: (Please check)

Students Parents School Staff
Community Members Other

NATURE OF REQUEST:

Breakfast Lunch Dinner
Morning Break After School Event
Evening Event

SPECIFIC REQUESTS

Table with 6 columns: Quantity, Food Items, Quantity, Paper Supplies, Quantity, Utensils. Rows include Breakfast/Lunch/Dinner, Muffins, Cupcakes, Cookies, Cake, Brownies, Ice Cream/Sherbet, Milk, Juice, 9" Plates, 6" Plates, Napkins, Straws, Cup, Other, Forks, Spoons, Knives.

Selections/Type/Description: _____

Other (Specialty Item): _____

