



Kitchen Request Form

Please Submit Two Weeks Prior To Event

Event or meeting _____

Date of event Day of event _____

Intended use of kitchen _____

« Potluck: _____

« Meal prepared in kitchen: _____

« Coffee prepared in kitchen: _____

« Tea prepared in kitchen: _____

« Dessert prepared in kitchen: _____

« Paper goods: _____

« Eating utensils: _____

« Other: describe _____

Approximately number to be served _____

Is this event catered?

Yes _____ No _____

If event catered, by whom? (Note Cateres are allowed to use the kitchen area for preparation only)

Name and Telephone _____

Time (Note: event must end by 9 p.m. so
Church Building may be locked.)

Start _____ End _____

THE PERSON(S) MAKING THE REQUEST IS RESPONSIBLE FOR CLEAN-UP OF ANY ITEM ,
I.E. COFFEE POT, TEA DISPENSER, POTS, PANS, SERVING SPOONS, ETC.

Name of person responsible for this event: _____

Date: _____ Telephone: _____

STAFF USE ONLY:

APPROVED: _____ DISAPPROVED: _____

Authorized Signature _____ Date _____

Requester notified: _____ Date _____

Posted on Calendar: _____ Date _____