

KITCHEN REQUEST

PLEASE SUBMIT AT LEAST 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? Name and Telephone			
Time <i>(Note: event must end by 9 p.m. so Family Life Building may be locked.)</i>		Start	End
Standing request? Valid until 12/31 of each year	Yes No	Every	Until
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:

Burt McGaughey: APPROVED: _____ DISAPPROVED: _____

_____ Date _____

Requester notified: _____ Date _____

Posted to Resource Calendar: _____ Date _____