CATERING FORM

Please complete this form and submit it to Christian Education
thirty (30) days *prior to the day of any event.*
This form is to be used by all ministries for all events
requiring the services of the Food Ministry.

Please place this form in the Christian Education mailbox.

MINISTRY_____**TODAY'S DATE**_____

DATE OF EVENT_____

TIME OF EVENT (begin and end time)_____ **Set-up**____ **Clean up**____

APPROXIMATE NUMBER OF PARTICIPANTS_____

CONTACT PERSON_____**Telephone #**_____

PLACE ___**Fellowship Hall** ___**Multipurpose Room** ___**CARE Center** ___**Multi-Purpose Center, Room #** ___

Other_____

MENU

- **Appetizer:**_____

  _____

- **Entrée / Main Dish:**_____

  _____

- **Side Dish:**_____

  _____

- **Dessert:**_____

  _____

- **Drinks:**_____

Lead TRIO_____
Signature **Phone #** **Email** **Date**

Coordinator_____
Signature **Date**

Executive Staff_____
Signature **Date**

Revised March 2007