

MT. DIABLO UNIFIED SCHOOL DISTRICT – REQUEST FOR USE OF SCHOOL KITCHEN SPECIAL AFFAIR FORM

Complete this application and send it to: Email : foodservesec@mdusd.org or Food & Nutrition Office

2330 Bisso Lane, 2nd Floor, Concord, CA 94520

OFFICE: (925) 682-8000, Extension 3775

SCHOOL: _____ DATE OF USE: _____

Name of Group/Organization: _____

Group Leader: _____

Phone Number: _____ Email: _____

Hours kitchen is to be used:

Start Time: _____ End Time: _____

Activity: (Breakfast, lunch, dinner, potluck, etc.) _____

Number expected to attend: _____

Food Preparation (Check all equipment required)

The use of kitchen for food preparation requires the presence of a Food Service employee(s)

_____ Stove _____ Oven _____ Heated Cabinet

No Food Preparation

_____ Serving Line _____ Sinks _____ Kitchen Utensils

_____ Refrigerator _____ Freezer _____ Beverage Cooler

ORGANIZATION REPRESENTATIVE: I hereby certify that I shall be personally responsible, on behalf of our Organization, for cost of Food Service employee(s), any damage sustained by the school premises, furniture, or equipment.

Name: _____ / _____
(Please print) (Signature)

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Budget Code(REQUIRED): _____

FOOD SERVICE OFFICE USE ONLY

Food Service personnel assigned: Yes _____ No _____

Name of Employee(s): _____

Number of hours scheduled: _____ From: _____ To: _____

Number of hours worked: _____ From: _____ To: _____

Approvals: _____
Supervisor of Food Services