Catering Request Form

New Caney ISD Child Nutrition Dept.

Complete and submit this form at least 7 **business days prior to the event** to Carlos Araujo, Asst. Director of Child Nutrition.

Facility Usage form Completed: Yes_____ No_____ PO#_____

Campus Requesting: _____ Date: _____

Contact Person: _____ Bill to: _____

Phone: _____ Email: _____ Number Attending: _____

Date of Event: _____ Location to Setup: _____

Start Time: _____ End Time: _____

Description of Event: _____

Child Nutrition Worker Needed on Duty: Yes _____ No _____ Hours Needed: _____

Paper Goods:	**Beverages:**
Cups Napkins	Tea Coffee Punch
Cutlery: Forks Spoons	**Water:** Pitcher Bottle
Plates: 6” or 9”	
Table Cloths: **Quantity**_____ **Color** _____	
Paper Plastic Oblong Round	

Food:	

Total Cost: $_____

Office use only
Notes: