

Foodservice Reservation

(must be 2 WEEKS before event)

Meet with the Kitchen Manager on the day of your reservation to discuss needs, learn where kitchen supplies are located, and proper use of equipment, including the sink.

Event Name: _____

Date Needed: _____ Time Needed: _____

- Program: Head Start Early Head Start (Home Based)
 Early Head Start/Head Start (Center Based)
 Parents As Teachers
 FDFY (Partners)
 Other _____

I am requesting:

Meal option _____

Examples of Prepared Dishes: *Sloppy Joes, Cheesy Chicken Soup, Ham and Bean Soup and Hamburgers. These can be served with various bread items, carrot sticks, celery or fruit. Beverages include iced tea, water, milk, or fruit juice.*

Amount Requested _____

Kitchen Use

Other Food Order _____

** Other food items may be ordered through the Kitchen Manager 2 weeks in advance.*

Plates, cups and silverware are NOT provided.

After the event, please leave the kitchen in the condition you found it.

Requested by: _____ Date: _____ Phone Ext. # _____

Please Print