



FOOD SERVICE REQUEST FORM

Requests are to be submitted at least one week prior to the scheduled event.

Event Information

Organization: _____

Title of Event: _____

Date of Event: _____

of Attendees: _____

Start Time: _____

End Time: _____

Billing Contact Person: _____

Phone/Ext: _____

Email: _____

Type of Service

All breakfast and lunch menu items include coffee, tea, and water service.

Coffee & Tea Service \$1.50 ☐

Includes regular, decaf, and hot water for tea.

Continental Breakfast \$4.50 ☐

Assorted pastries.

Deluxe Continental Breakfast \$5.50 ☐

Assorted pastries and bagels. Served with whipped cream cheese and a fresh fruit tray.

Hot Breakfast \$7.00 ☐

Scrambled eggs, breakfast meats, and potatoes. Served with assorted pastries.

Cold Lunch \$7.00 ☐

i.e. sandwiches, wraps, and/or salads.

Hot Lunch \$8.00 ☐

Chef's Choice. Includes an entrée, starch, vegetable, and salad or dessert.

**Substitutions may be made depending on availability of certain menu items. Prices listed are per person.*

Special dietary needs: _____

Location

Dining Room: ☐ Triple Classroom: ☐ Board Room: ☐ Other: _____

By signing, you indicate that you agree to the cost listed, which is calculated based on the number of attendees.

Cost: \$ _____ Contact Person Signature: _____

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Approved: ☐ Declined: ☐ CA Instructor Signature: _____