

Nutrition Services

Special Event Request Form

Kitchen Use

School Dude Schedule ID# _____

Event Title: _____

School: _____

Today's Date: _____

Contact Name: _____

Phone/email: _____

Date of Function: _____

Event start time: _____

Event end time: _____

Budget Code: _____

\$45.00/Hour (2025-2026 SY)

Qty. Kitchen staff requesting: _____

Time staff needed to Start (arrival/prep): _____

Start Serving Time: _____

End Serving Time: _____

Time staff is to Finish (complete clean-up): _____

Is Food needed to be ordered by Nutr. Svcs? Yes / No

(Please contact Willow Waldron at X 2838, 2 weeks prior to event for Food Orders)

Menu: _____

Estimated # Serving: _____

Duties of Staff and Add'l Info: _____

Email completed form to cdiaz@psd1.org

If any questions, please call 546-2836.

Nutrition Services Use Only

Approved: Yes / No by: _____

Names Kitchen staff scheduled: _____

Time staff needed to Start (arrival/prep): _____

Time scheduled to Finish (complete clean-up): _____

Notes: _____