



Highlands Food Service Department Request Form

Are you requesting Catering or equipment usage (complete left column for catering, right column for equipment)

☐ **Catering**

Contact/Organization information of person requesting catering event (name and email):

Event Title: _____

Number of people for event: _____

Please note requests will not be approved without the above information.

Building of event set up:

- | | |
|--------------------------------|---|
| ☐ HECC | ☐ HES |
| ☐ MS | ☐ HS |
| ☐ Admin | ☐ Community Center |

Location of event (room number, library etc.)

Time and date of event: _____

If reoccurring events please add attachment

Do you need the following (please check if YES)

Table covers ☐ Décor ☐

Notes: _____

BUDGET INFORMATION	
Department/Organization Responsible for Payment	
Budget Code	
Estimated Total Cost	

☐ **Equipment**

Contact information of person requesting equipment usage (name and email):

Event Title: _____

Location of event set up:

Time and date of event:

Equipment request for usage (please check all that apply)

- | | |
|------------------------------------|---|
| ☐ Ice | ☐ Drink Bins/Beverage Containers |
| ☐ Pots/Pans | ☐ Grill |

Notes: _____

APPROVAL SECTION
Requester Signature
Approval Signature

Please email completed form to swaffensmith@goldenrams.com

The FSD will contact the listed individual to coordinate details regarding your request. *By Submitting this form, you agree to comply with all of Highlands Food Service Policies.* Thank you for using Highlands Food Service Department.