



Zanesville City Schools



Food Service Banquet Event Form

PLEASE RETURN THIS FORM TO THE FOOD SERVICE DEPARTMENT AT LEAST TWO-WEEKS PRIOR TO THE EVENT

Final attendance due 10 days before event

Event Info: Group/POC _____ Date of Event ____/____/____
Person/Group to be Billed _____

Phone/Ext Number _____ Event Name _____ Start Time _____

Event Location: ZHS ____ ZMS ____ JME ____ ZGE ____ ZGI ____ NRE ____ Admin ____ Other ____

Estimated Guest Count ____ Type of Event: Breakfast ____ Lunch ____ Dinner ____ Reception ____ Other ____

Menu Requested:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Beverages Requested:

Additional Info/Notes:

Dessert Requested:

