

Catering Request Form

New Caney ISD Child Nutrition Dept.

Complete and submit this form at least 7 **business days prior to the event** to Robin Thacker, Director of Child Nutrition.

Facility Usage form Completed: Yes_____ No_____ PO#_____

Campus Requesting: _____ Date: _____

Contact Person: _____ Bill to: _____

Phone: _____ Email: _____ Number Attending: _____

Date of Event: _____ Location to Setup: _____

Start Time: _____ End Time: _____

Description of Event: _____

Child Nutrition Worker Needed on Duty: Yes _____ No _____ Hours Needed: _____

Paper Goods:				Beverages:		
Cups	Napkins		Tea	Coffee	Punch	
Cutlery:	Forks	Spoons	Water:	Pitcher	Bottle	
Plates:	6"	or	9"			
Table Cloths:		Quantity_____		Color _____		
Paper		Plastic	Oblong	Round		

Food:	

Total Cost: \$_____

Office use only
Notes: