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 (2026-2027 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. Srvcs? 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: _____