



First Baptist Church Food Service Request

Today's Date _____ Dates of Event _____

Beginning Time of Event _____ Ending Time of Event _____

Name of Event _____ Organization _____

Person in Charge _____ Phone # _____ work# _____

Area Needed:

_____ Atrium _____ McCulloch Hall _____ Essex Hall
_____ Gym _____ Room Number _____ Room Number
_____ Atrium Kitchen _____ 182 Kitchen

Other _____

Type of Meal Service:

_____ Cafeteria Style _____ Buffet Style _____ Sit Down Dinner

Number of People Expected _____

Menu Suggestions:

Meat _____

Vegetables _____

Salads _____

Desserts _____

Drinks _____

Hors de vours _____

Sandwiches/Snacks _____

Other _____

Signature of person making request

OFFICIAL USE ONLY

Charges to: Organization/Department _____

Account # _____ Amount _____

Cleared on Church Calendar _____ Menu Approved _____

Personnel Assigned _____

Copies given to: _____ / _____ / _____

_____ / _____ / _____