

Today's
Date: _____
Event
Date: _____
Submitted By: _____



FIRST
PRESBYTERIAN
MARIETTA

Food Ministry Request Form

Event
Name: _____
of People
Attending: _____
Contact Phone: _____

Please CHECK all that apply:

- Master Calendar Date Confirmed
- Facilities Usage Form Completed, Submitted, and Approved

Use of Kitchen

For Food Prep Only

All kitchen items MUST be cleaned/washed/stored properly

- Ovens/Stoves Pots/Pans
- NO* Deep Fryer Use
- *Dishes/Flatware Dishwasher

Food Service Meal Selections/Supplies Prepared/Provided by Food Service Ministry:

- Buffet Line
- Breakfast
- Box Meal [sandwich, chips, drink]
- Full-service Meal
- Coffee Break Delivered
- Support Supplies: Paper Plates/Cups/Napkins/Bowls, etc. [*sub for Dishes/Flatware]
- Reception
- Coffee Break Picked-up
- Other [please explain]: _____

Meal Menu Selection [one meat, vegetables, potatoes or rice, bread, beverages, desserts]:

Pls. Check your choice for Meat - choose one: ___ Baked Chicken ___ Chicken Fingers ___ Pork Roast ___ Chicken Fried Steak ___ Prime Rib ___ Tilapia ___ Salmon ___ Casserole-Chicken Divine

Please check your choice for Vegetables: ___ Green Beans ___ Corn ___ Breaded Okra ___ Mixed Green Salad ___ Sliced Tomatoes ___ Mixed Vegetables **Check one:** ___ Potatoes or ___ Rice

Please check your choice for Desserts - choose one: ___ Assorted Cakes ___ Assorted Pies

- Reception-pls. check your choices:** ___ Assorted Quarter Sandwiches ___ Assorted Mini-quiche ___ Meat Balls/Sauce ___ Cheese Straws ___ Veggie Tray/Dip ___ Chicken Wings/Drumettes ___ Assorted Cheeses/Crackers ___ Assorted Deli Meats/Breads ___ Assorted Fruit Tray ___ Assorted Fruit Tarts ___ Assorted Cookies ___ Sherbert Punch

Please Check your choices:

- Breakfast** - ___ Breakfast Casserole ___ Pastries ___ Breakfast Bars ___ Assorted Mini-quiche
- Box Meal**— ___ Turkey ___ Chicken Salad ___ Pimento Cheese ___ Roast Beef ___ [Assorted Cookies]
- Beverages** - ___ Sweet Tea ___ Unsweet Tea ___ Lemonade ___ Bottled Water ___ O Juice ___ Coffee
- Coffee Break** - ___ Coffee ___ Decf Coffee ___ Cream Packs ___ Assorted Pastries ___ Breakfast Bars

Admin Only: ___ Payment in full is expected -OR- ___ Completed Financial Transaction Form is attached

Meal Menu: per unit OR per person cost = \$ _____ X _____ # of units OR people = \$ _____

Beverages: per unit OR per person = \$ _____ X _____ # of units OR people = \$ _____

Reception: per person cost = \$ _____ X _____ # of people = \$ _____

Coffee Break: per person cost = \$ _____ X _____ # of people = \$ _____

Support Supplies: ___ Traditional Dinnerware ___ Paper Goods/Plastic X _____ = \$ _____

Support Prep/Clean-up/Re-set Labor this event: = \$ _____

	Total:	\$ _____
--	--------	----------

APPROVED BY: _____ **Date:** _____