

# FOOD SERVICE MEAL REQUEST

## Church Groups

This information sheet must be completed and price range agreed upon before the meal will be planned.

EVENT: \_\_\_\_\_ GROUP: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: From \_\_\_\_\_ to \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ Phone: \_\_\_\_\_

TYPE OF SERVICE: (please circle)      Cafeteria      Buffet      Banquet Style

TABLE COVER: (please circle)      Tablecloths      Paper cover

COLOR SCHEME: \_\_\_\_\_ TABLE DECORATIONS \_\_\_\_\_

**MENU SUGGESTIONS:**

COST RANGE: \_\_\_\_\_ # Expected: \_\_\_\_\_

- Meat(s)-
- Vegetables-
- Salads-
- Desserts-
- Beverages-
- Appetizers-
- Bread-

**I have Read and Agree to follow the Food Service Policies of Ardmore Baptist Church.** \_\_\_\_\_  
(Initial)

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### STAFF USE ONLY

\_\_\_\_ Food Service Request Form Submitted  
 \_\_\_\_ Fellowship Hall Arrangement Form Submitted

Personnel Involved: Food Service Director: \_\_\_\_ Assistant: \_\_\_\_ Helper: \_\_\_\_ Dishwasher: \_\_\_\_

<b>CHARGES:</b>	Food Cost	\$ _____		
	Labor	\$ _____		
	Supplies	\$ _____	Cost Per plate	\$ _____
	Other	\$ _____	x Number Confirmed	# _____
				\$ _____

Budget Account to be charged: \_\_\_\_\_

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**TOTAL DUE**

**PLEASE RETURN TO FOOD SERVICE DIRECTOR AT LEAST 2 WEEKS IN ADVANCE**