

**REQUEST FOR USE OF KITCHEN  
AND/OR KITCHEN COORDINATOR'S SERVICES**

**Function:** \_\_\_\_\_

**Responsible Commission:** \_\_\_\_\_

**Date of Function:** \_\_\_\_\_ **Time of Function:** \_\_\_\_\_

**Person in Charge:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Is assistance of Kitchen Coordinator requested?**  **Yes**  **No** *Please explain below:*

**Purchase food/supplies for event** (*list on lines below*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many attendees are expected? \_\_\_\_\_

**Prepare refreshments for event listed above**

Volunteers to assist Kitchen Coordinator in preparing refreshments are greatly appreciated.

Please list volunteers below:

\_\_\_\_\_  
\_\_\_\_\_

**Serve refreshments at event**

Volunteers to assist Kitchen Coordinator in serving are greatly appreciated. Please list below:

\_\_\_\_\_  
\_\_\_\_\_

**Clean up after event**

Volunteers to assist Kitchen Coordinator in cleaning up are greatly appreciated. Please list below:

\_\_\_\_\_  
\_\_\_\_\_

**Training on proper use of kitchen (health department policies)**

**COMMISSION COORDINATOR, PLEASE:**

\_\_\_\_\_ Complete this form and turn in to Kitchen Coordinator via her mailbox.

\_\_\_\_\_ If requesting that Kitchen Coordinator purchase supplies, attach a blank copy of your commission-specific Payment Request form for her reimbursement.

\_\_\_\_\_ Inform person in charge of function to complete a copy of the "Use of Kitchen" checklist, which is found in a binder in the kitchen.

*(form revised 10/27/14)*