

**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)