

# FOOD SERVICE MEAL REQUEST

## Outside 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	# _____
				\$ _____

ARDMORE BAPTIST CHURCH      Phone: 725-8767  
 501 Miller Street  
 Winston-Salem, NC 27103

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**TOTAL AMOUNT DUE**

Date Payment is Due: \_\_\_\_\_

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