

CORNWALL-LEBANON SCHOOL DISTRICT
 105 E. Evergreen Road
 Lebanon, PA 17042-7595

FOOD SERVICE REQUEST FORM

In order for the Food Service Department to efficiently coordinate special activities/functions, please complete the following information and return it to:

CLSD FOOD SERVICES

TO: Emily Rodriguez (erodriguez@clsd.k12.pa.us) & Cyndi Dunsworth (cdunsworth@clsd.k12.pa.us) **ALL EVENTS**

CC: Tina Iceman (ticeman@clsd.k12.pa.us) **MS EVENTS**
 Marci Heverling (mheverling@clsd.k12.pa.us) **HS EVENTS**

CONTACT PERSON:	PHONE NUMBER:
EVENT NAME:	EVENT LOCATION:
NUMBER OF GUESTS:	SERVING TIME:
EQUIPMENT NEEDED:	DATE(S) REQUESTED:
NUMBER OF TABLES: (include # of guests per table & table arrangements)	STYLE: (family, buffet, platter, etc)
MENU REQUEST:	
BILLING CONTACT NAME AND ADDRESS:	

WILL FOOD SERVICE DEPARTMENT BE RESPONSIBLE FOR SETTING TABLES WITH TABLECLOTHS, CUPS, FLATWARE, ETC.? YES NO IF NOT, PERSON TO CONTACT FOR SET UP:

TYPE OF ACCOUNT THAT INVOICE WILL BE PAID FROM (GENERAL FUND, ACTIVITY ACCOUNT, COMMISSION ACCOUNT, ETC.): GENERAL, ACTIVITY ACCOUNT, COMMISSION ACCOUNT

NOTE: FINAL ARRANGEMENTS ON MENU AND NUMBER OF PERSONS ATTENDING MUST BE MADE TWO WEEKS PRIOR TO DATE OF FUNCTION.

SIGNATURE OF RESPONSIBLE PARTY: _____
 DATE: _____