

NUTRITIONAL SERVICES SPECIAL FUNCTION REQUEST

PHONE: 627-3900

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Special Function Guidelines: Request for special service must be presented to Nutritional Services a minimum of two weeks prior to scheduled event. For banquets or large events (75+ guest), four weeks advance notice is appreciated. Nutritional Services will send you an event bill within 30 days.

Ordering Instructions: Provide the information requested below and submit this form to your cafeteria manager or lead server or FAX it to NSO. Your request may also be E-Mailed to your buildings nutritional services supervisor.

Room Set-Up & Event Security: The event coordinator is responsible for requesting room set-up from the facility's custodial staff. When event security is required, the coordinator is responsible for making those arrangements. Coordinator is responsible for securing the facility/room for the event.

Sack Lunches: Sack lunch requests require two weeks advance notice. Request for sack lunches may be made directly to your lead server or cafeteria manager. **The event coordinator is responsible for contacting the cafeteria manager 48 hours in advance to confirm number of sack lunches needed.** The school will be billed for sack lunches ordered and confirmed but not used and for lost or damaged food service equipment, *The field trip departure time may require event coordinator to pick-up sack lunches at base kitchen. Meal accounts will be debited for students receiving a sack lunch in place of a regular meal. In advance, coordinator must provide cafeteria with roster of students to receive sack lunch to assure available meal account funds. Coordinator must also identify students receiving a sack lunch through use of a roster. For account purposes, this roster must be submitted to cafeteria immediately after event.

Special Dietary Needs Students: Coordinator must advise Nutritional Services of participating students requiring special dietary accommodations, as documented and on file with NSO.

List Students Requiring Special Dietary Accommodations: _____

Event Coordinator: Complete this section.

Today's Date:	Event Date & Time:
Coordinator Name:	Coordinator Phone:
Event Location:	Time room will be accessible:
Event Title:	Decorating Theme:
Number of Student Guests:	Number of Adult Guests:

Event Coordinator: Check type of service requested

BEVERAGE SERVICE: <input type="checkbox"/> Beverage only, hot and cold <input type="checkbox"/> Beverage only, hot (coffee, tea) <input type="checkbox"/> Beverage only, cold (sodas, water, juice) <input type="checkbox"/> Punch and Punch Bowl w/ladle <input type="checkbox"/> Light Snack and Beverage, hot or cold	OUTDOOR BBQ <input type="checkbox"/> Lunch BBQ <input type="checkbox"/> Dinner BBQ	SACK LUNCH <input type="checkbox"/> Regular Sack Lunch <input type="checkbox"/> After School Sack Lunch
BUFFET SERVICE: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	BANQUET SERVICE: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	OTHER Please describe

For Nutritional Services Only

Assigned To:	Facility/Manager:
Menu:	Supplies:
Request Received By & Date:	Request Confirmed By & Date: