

# Center for Hope Ministries

## Kitchen Request Form

In order to reserve the use of the kitchen, please complete the information below. Your request will be processed and confirmed within one week. However please note this does not guarantee approval.

Please submit this form at least 4 weeks prior to your event.

This form is to be completed for kitchen use only, not for the "Full Service" of Hospitality Services.

This form should be completed in addition to the Facility Request form.

Today's Date: \_\_\_\_\_

Name of Auxiliary / Ministry: \_\_\_\_\_ Leader: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Event \_\_\_\_\_ Date of Event: \_\_\_\_\_

Start time of Event: \_\_\_\_\_ End time of Event: \_\_\_\_\_

What time will the doors opened? \_\_\_\_\_ Expected attendance: \_\_\_\_\_

### Location food to be served:

Fellowship Hall  Gym  Other \_\_\_\_\_

Meal Type being Served:  Breakfast  Lunch  Dinner  Other \_\_\_\_\_

Use of the following is needed:  Stove/Oven (*warming of food only*)  Microwave  Refrigerator/Freezer

Food to be prepared by:  Caterer  Other: \_\_\_\_\_

Serving Style:  Buffet  Bag Meal (*i.e. bag lunch*) Served while seated  Other: \_\_\_\_\_

### Supplies needed (*select boxes applicable*):

Tablecloths  Centerpieces  Plates, Flatware, Cups, etc.  Serving Utensils

Chaffing Dishes  Serving Trays

Table Type:  Round  Rectangle # of Each: Round \_\_\_\_\_ Rectangle \_\_\_\_\_

Special Request/Comments: \_\_\_\_\_

\*\*\*Please report any broken or missing items after your use of the kitchen. See clean up instructions on rear.

### For Office Use Only

Date Received: \_\_\_\_\_

Approved: \_\_\_Yes \_\_\_No

Reason Denied: \_\_\_\_\_

Modifications & Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

