



Catering Request Form

The **Marietta City Schools Nutrition Program** can offer a variety of services and selections for your next event. Complete this form and return to the Culinary Manager, Donisha Harrison, or to your school Café Manager at least **three (3) weeks prior** to your event's scheduled date to receive a copy of the Order Guide.

We provide the best service when orders are placed three (3) weeks in advance, however, we may be able to accommodate requests on shorter notice with items on hand.

When reviewing the Order Guide, the selections listed should serve as a guide. If your plans include selections or items not listed on the order guide, we will be happy to accommodate your request.

Information		Date:
Requested By: Name & Department or Organization		Event Name:
Contact information: Phone Number & E-mail		Location:
Billed To: (Financially Responsible Party)		# of Attendees:
Event Budget:	Event Date:	Event Time:
How would you like to receive your order?		
<input type="checkbox"/> Pick-up	<input type="checkbox"/> Delivery (\$7 delivery fee <u>may</u> apply)	
Pick-up or Delivery Time:		
Will you need paper products supplied?		
<input type="checkbox"/> No, I do not need paper products.	<input type="checkbox"/> Plates	
<input type="checkbox"/> Bowls	<input type="checkbox"/> Cups	
<input type="checkbox"/> Napkins	<input type="checkbox"/> Forks	
<input type="checkbox"/> Spoons	<input type="checkbox"/> Knives	

Do you know if anyone attending the event has a food allergy?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergy.	
Do you know if anyone attending the event will need special dietary accommodations?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the special dietary needs.	
Which of the following items are you interested in for the event?		
<input type="checkbox"/> Breakfast Items <input type="checkbox"/> Lunch Platters	<input type="checkbox"/> Boxed Meals <input type="checkbox"/> Platters of Sides	<input type="checkbox"/> Beverages <input type="checkbox"/> Snacks & Sweets
If none of the above interest you for your event, please describe what you will need.		
Signature:	Date:	
(For SNP Use Only) Date Received:	Initials:	

After completing the Catering Request Form, please return it to Donisha Harrison, the Culinary Manager, by scanning it and e-mailing it to dharrison@marietta-city.k12.ga.us. Please write "Catering Request" in the subject line of the e-mail. After the form is received, the catering manager will contact you and send the order guide to you.

You can also submit the completed form to your Café Manager.