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.

<table>
<thead>
<tr>
<th>Information</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested By:</td>
<td></td>
</tr>
<tr>
<td>Name &amp; Department or Organization</td>
<td></td>
</tr>
<tr>
<td>Contact information:</td>
<td></td>
</tr>
<tr>
<td>Phone Number &amp; E-mail</td>
<td></td>
</tr>
<tr>
<td>Billed To:</td>
<td></td>
</tr>
<tr>
<td>(Financially Responsible Party)</td>
<td></td>
</tr>
<tr>
<td>Event Budget:</td>
<td></td>
</tr>
<tr>
<td>Event Date:</td>
<td></td>
</tr>
<tr>
<td>Event Time:</td>
<td></td>
</tr>
</tbody>
</table>

**How would you like to receive your order?**

- [ ] Pick-up
- [ ] Delivery ($7 delivery fee may apply)

Pick-up or Delivery Time:

**Will you need paper products supplied?**

- [ ] No, I do not need paper products.
- [ ] Plates
- [ ] Bowls
- [ ] Cups
- [ ] Napkins
- [ ] Forks
- [ ] Spoons
- [ ] Knives

---

This institution is an equal opportunity provider.
**Do you know if anyone attending the event has a food allergy?**

| ☐ Yes | ☐ No | If yes, please list the allergy. |

**Do you know if anyone attending the event will need special dietary accommodations?**

| ☐ Yes | ☐ No | If yes, please list the special dietary needs. |

**Which of the following items are you interested in for the event?**

| ☐ Breakfast Items | ☐ Lunch Platters | ☐ Boxed Meals | ☐ Platters of Sides | ☐ Beverages | ☐ 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.

---

This institution is an equal opportunity provider.