



# CULINARY SERVICES REQUEST FORM

Complete the form below and submit it to the Department Head.

## GENERAL INFORMATION

Department:	Name of Ministry/Team:
Ministry Leader:	Submitted by:
Requesting Dates: (Circle One)   Jan 1 - Mar 31   Apr 1 - Jun 30   Jul 1 - Sept 30   Oct 1 - Dec 31	

Comments: \_\_\_\_\_  
\_\_\_\_\_

## EVENT INFORMATION

Name of Event:	Date of Event:	
Ministry Proposal Form Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Time: Start _____ End _____	Time meal to be served: _____	Time setup needed by: _____
Location of Event: <small>(list address if a non-Triumph facility)</small>	Number of people expected:	
Request for: <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner <input type="checkbox"/> Other		

Requested Menu:
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Notes / Special Instructions:
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## FOR OFFICE USE ONLY

Date Request Received: \_\_\_\_\_ Date Request Forwarded to Catering & Events Director: \_\_\_\_\_

Approved                       Not Approved

Comments: \_\_\_\_\_  
\_\_\_\_\_