

***REQUEST FOR FOOD AND SERVICES***

**Date of Request:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Phone Number or Email address:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Location for service:** \_\_\_\_\_

**(Cafeteria, Gym, etc) Time:** \_\_\_\_\_

**Number to be served:** \_\_\_\_\_

**Menu Request:**

**Special Instructions: (i.e. dietary restrictions, plan for handicapped guests, table settings and or etc.)**

**Please note that our bill will include all costs associated with producing the meal service as requested.**

**Please provide a 7-10 day advance notice to Emelina Alfano, Director of Food Services:**

**[ealfano@csd2.org](mailto:ealfano@csd2.org)**

**Food Service Office: 435-4082**