



Catering Request Form

School Nutrition Department

PLEASE COMPLETE AND RETURN 14 DAYS IN ADVANCE OF THE EVENT

EVENT INFORMATION

Name of Event: _____
Day and Date of Event: _____
Event Location: _____ # of Guests: _____
Time of Event: **Start Time:** _____ **End Time:** _____
Contact Name: _____ Contact Number(s): _____
Contact Email: _____

INSTRUCTIONS

Special Instructions/Set Up Information:

MENU REQUEST

The catering department will pick up all catering items after the event.
Plates, Napkins, and Utensils will be included in the quoted price for food orders.
Coffee is complimentary upon request with food orders.

Please send completed form to:
Natasha Spivey
Catering Coordinator
natasha.spivey@redoakisd.org
972-617-2941 ext. 4170

Updated 05/13/2016