

HBBC FOOD SERVICE REQUEST/CONFIRMATION

Date Submitted: _____ Date Confirmed (office use only) _____

GUIDELINES AND INSTRUCTIONS:

1. Requests for Food Service must be made a minimum of two weeks prior to the scheduled event by communicating directly with the Director of Facilities, Scott Arbutina.
2. Use this form to record all arrangements needed for the meal.
3. This form must be accompanied by and attached to the Meeting and Event Information Form, and a copy must be given to the Director of Facilities for confirmation and distribution.
4. Specific meal and price options should be communicated with Food Services Director, JoAnn Rey.

EVENT NAME: _____

EVENT DATE: _____ **EVENT TIME:** _____

GROUP: _____

CONTACT: _____

CONTACT PH#: _____ **CONTACT EMAIL:** _____

FOOD SERVICE WILL BE PROVIDED BY: HBBC
 OUTSIDE CATERER: _____
PHONE: _____ CONTACT: _____

NUMBER OF MEALS REQUESTED: _____

EQUIPMENT NEEDED: _____ Buffet Tables _____ Table Cloths _____ Skirting

ESTIMATED COST (per plate): \$ _____/adult and youth \$ _____/child ages ____ & younger

MEAL WILL BE PAID FOR: By Participants
 Through budget line (Indicate line item) _____
 Other: (please indicate) _____

SPECIAL MENU INSTRUCTIONS

MEAT/MAIN COURSE: _____

SALAD: _____

VEGETABLES: _____

BREAD: _____

DESSERT: _____

BEVERAGES: _____

OTHER: _____

ADDITIONAL SET UP AND SERVING INFORMATION: _____

