

# GISD CATERING REQUEST FORM

Return to Food Service Office

Fax # 521-0617  
Phone # 549-4011

(Keep a copy for your records.)

**Please Complete, Accordingly**

<b>Group or Committee:</b>	
<b>Number of People:</b>	
<b>Purpose of Function:</b>	
<b>Person Billed to:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Date of Function:</b>	
<b>Day of the Week:</b>	
<b>Time of Function (start):</b>	
<b>Location of Function:</b>	
<b>Food? (snacks, cold or hot meal):</b>	
<b>Specific Items Requested:</b>	
<b>Other Comments:</b>	
<b>Signature of Person Ordering:</b>	

**Please give this office at least a 72 hour notice. If the function is to be on a Monday, please return this form the Thursday before.**

**THANKS!!!!**