

Guidelines for Requesting Trip Meals, Special Breakfasts and/or Lunches for Children and Catering Services

Thank you for considering our services for your food service needs. In order for us to provide you with the best service possible to make your meeting a total success, we ask for your cooperation in following the guidelines outlined here when planning your catering orders. While we are working to expand our offerings, the scope of the food services operation dictates what services can be satisfactorily provided. We want your dining experience with us to be mutually enjoyable.

To allow us to provide our best service for your meeting, requests for all services, with the approved purchase order, must be received **4 weeks** prior to your activity.

We have limited supplies that are needed for full service orders only. Utensils and table coverings are available for purchase.

We will do our best to accommodate requests. Avoiding “last minute” requests will facilitate receiving the services you desire.

Cancellations will be accepted up to **1 week** to your event without penalty. After that time, you will be responsible for payment for any food items that were ordered for your function that cannot be utilized in our regular program here.

FIELD TRIPS, SPECIAL BREAKFAST OR LUNCH MEALS

Please be aware that the cost of children’s meals on field trips or for special breakfasts and lunches can be significantly reduced, and possibly eliminated through the School Breakfast/Lunch/Snack Programs. Please be sure to indicate the number of reduced, free or full pay students participating in your event on the request form.

CATERING

Fill out a request form for catering services.

Minimum order: **20 people**

If you need assistance with:

- **Options (i.e., non-listed items)**
- **Working within your budget**
- **Staff requirements**

For assistance in selecting meals and budgeting for your event please call us at **(201) 413-6921** before submitting your request for services.

REQUEST FOR CATERING SERVICES/TRIPS/SPECIAL MEALS

MUST BE COMPLETED 6 WEEKS IN ADVANCE

Requested by: (School/Dept.)		Request Date:	
Event:		Event Time:	
Location:		Room:	
Number to be served:	Number of Children:	Free: Reduced: Paid:	Number of Adults:
Contact Person:		Contact E-Mail:	
Contact Phone:		Contact Fax:	
Select One (1):	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack <input type="checkbox"/> Trip <input type="checkbox"/> Other		
Is this to be served as part of the meal for students? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Selected Menu Items:			
Projected Cost: \$	Program to be billed (School/Dept.)		
Approved by Principal/Supervisor /Director:			
<i>Food Service Use Only</i>		Additional Set-Up Charge: \$ _____ (Late/Saturdays/Special Needs)	
COST: \$ _____			
TOTAL: \$ _____		THANK YOU!	

Please attach names and titles of any Board Members or adult employees that may be participating.