

Food Ministry / Set up Sheet
THIS FORM IS TO BE COMPLETED FOR ALL EVENTS THAT INVOLVE SERVING FOOD
FROM ANY SOURCE

Event Date & Time _____ Today's Date _____

Ministry _____ Name of Outside Customer _____

Ministry Account #: _____ (If applicable)

Contact Person _____

Address _____ Phone # _____

Approximate # attending _____ Confirmed # attending _____

CONFIRMATION FOR TOTAL NUMBER ATTENDING DUE NO LATER THAN 48 HOURS
BEFORE EVENT

DATE CONFIRMED _____ BY _____

COST RECEIVED AND ACCEPTED BY: _____

(Contact Person)

Room Number _____ Room set up style: _____

(Check with custodian for room options. Attach diagram to this sheet.)

Time Food to be served _____ Anticipated event end time _____

Check types of items needed only if prior arrangements have been made:

- | | |
|--|---------------------------------|
| _____ Table Clothes | _____ Coffee/Tea Silver Service |
| _____ China/silverware | _____ Paper products |
| _____ Center Pieces (limited availability) | _____ Coffee Cart |
| _____ AV Equipment specified: | |

Detail of miscellaneous items needed but not listed: (Continue on back of sheet if needed)

SHEET DISTRIBUTION AND CONFIRMATION SIGNATURES

Finance Office / Charge Sheet/Received by _____ Date _____

Meal Cost per person _____ Total Food Cost _____ (if it applies)

Facility Fee _____ Security Fee _____ TOTAL COST _____

Paid: _____ Date: _____ Paid: _____ Date: _____ Paid: _____ Date: _____

Custodian/ Set up Sheet/Received by: _____ Date _____

Kitchen PT Staff: _____ Date _____ (if it applies)

Date Invoiced _____ Date Paid _____

Put form copies in church mail box of the Business Manager, Custodians,
Administrative Assistant to the Sr. pastor and Steve Baillie (CLP)

THE CHURCH RECEPTIONIST CAN DIRECT YOU TO THE CORRECT MAILBOX

REV. 5-14-10

