

Hospitality Assistance Request Form

Event: _____

Sponsoring Group(s): _____

Contact Person(s): _____

Phone #: Home _____ Cell _____

E-mail: _____

Event Date: _____ **Time:** _____ **# of People:** _____

Funding provided by: _____

Serving time: _____

Circle one:

Breakfast/Brunch

Lunch

Snacks

Supper

Dessert only

Menu:

Drinks: *Circle all that apply:*

Coffee

tea

juice

lemonade

water

Special dietary notes/concerns:

Room Number/ Location: _____

(If room has not yet been reserved through Deb in the church office, please do so as soon as possible.)

Clean Up: **Sponsoring group will clean and return reserved room back to regular set up.**

Additional notes or information here _____

Return this form to Lacey Brown in church office or Theresa Mills.