



CULINARY MINISTRY SERVICE REQUEST FORM

For Culinary Ministry Service, please complete this form in its entirety and submit no less than 2 weeks prior to your scheduled function.

NAME OF FUNCTION: _____

MINISTRY NAME: _____

MINISTRY LEADER SIGNATURE: _____

FUNCTION DATE: _____ TIME: _____ HEADCOUNT: _____

MENU: _____

OVERVIEW & COMMENTS PERTINENT TO CULINARY MINISTRY

NOTE: In order to maintain a healthy and clean environment, please refrain from entering the kitchen or serving area unless you are working in the kitchen during a function and dressed accordingly. Your cooperation is greatly appreciated.

CULINARY MINISTRY REMARKS:

