



# CULINARY SERVICES PROPOSAL

*Please be sure your space confirmation is attached*

## GENERAL INFORMATION

Request Date:
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DeiVision:	Ministry:
Submitted by:	Phone No.
Required DeiVision Approval:	Date:

## EVENT INFORMATION

Name of Event:		Date of Event:	
Time: Start _____ End _____	Time set up needed:	Time meal to be served:	
Location of Event:		Number of People Expected	

### **CATERED EVENT** (in-house caterer - Sweet Creations)

Menu (please contact Alma Wynn Jones for copy of menu)				
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Luncheon	<input type="checkbox"/> Dinner	<input type="checkbox"/> Hors d'oeuvres	<input type="checkbox"/> Other
Would you like your event : <input type="checkbox"/> ministry-served buffet <input type="checkbox"/> caterer-served (cost to ministry)				
Requested Menu:			<input type="radio"/> plated	<input type="radio"/> buffet

### **NON-CATERED EVENT**

Pizza, Sheet Cakes, Cookies, Snacks, Beverages (juice, sodas, coffee, tea*), Paper Products (please specify), Table Cloths (cost to ministry), etc
Requested Menu:
*Ministries will be responsible for <b>making</b> their own coffee/tea/punch and supplying their own cake cutting knife*

<b>FOR OFFICE USE ONLY</b>  Date Request Received: _____  _____ Alma Wynn Jones, In-House Culinary	<b>Request Approval</b>  _____ Dr. Clifford A. Jones Sr., Dr. Paxton Hughes  Date _____
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