

CULINARY SERVICES PROPOSAL

Please be sure your space confirmation is attached

GENERAL INFORMATION

Request Date:

Organization	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	
<h2 style="margin: 0;">NON-CATERED EVENT</h2>	

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 **making** their own coffee/tea/punch and supplying their own cake cutting knife*

OFFICE USE ONLY	
Request Received: _____	
Submitted to In-House Caterer _____	Dr. Michelle Jones, Director of Ministries
Submitted to Purchasing _____	
Alma Wynn Jones, In-House Culinary	1/16/2020, agwj