

Kitchen & Fellowship Hall Use Form

Purpose for this request form:

To help ensure the success of the event, allow time for proper communication to all departments, ensure that all food safety procedures are followed, ensure that the Fellowship Hall and kitchen are restored to its correct setting after the event, establish accountability and responsibility for the event, and to ensure the request/event is in focus with the mission and agenda of STUMC.

Will You Need to use any of the Following Kitchen Equipment (please circle):

Dish Machine	Y	N	20 Qt Mixer	Y	N
Fryer	Y	N	Food Warmer	Y	N
Convection Oven	Y	N	Steamer	Y	N
Range Top	Y	N	Ice Maker	Y	N
Range Oven	Y	N	Reach-in Refrig	Y	N
Microwave	Y	N	Hall Freezer	Y	N
Coffee Maker	Y	N	Cooking Knives	Y	N
Food Processor	Y	N	Hood/fan System	Y	N
Kitchen Chemicals	Y	N	Kitchen Towels	Y	N
Hot Food Chafers	Y	N	Alum. Foil/Plastic Wrap	Y	N

Will You Need Any of the Following:

<input type="checkbox"/> Cups	How Many? _____	<input type="checkbox"/> Forks	How Many? _____
<input type="checkbox"/> Plates	How Many? _____	<input type="checkbox"/> Knives	How Many? _____
<input type="checkbox"/> Small Plates	How Many? _____	<input type="checkbox"/> Spoons	How Many? _____
<input type="checkbox"/> Bowls	How Many? _____	<input type="checkbox"/> Serving Platters	How Many? _____
<input type="checkbox"/> Napkins	How Many? _____	<input type="checkbox"/> Serving Bowls	How Many? _____

Other Event Information:

Will you be using AV equipment? Y N

If food is served, will 1 person be Food Safety Certified? Y N

Who will reset the Fellowship Hall after the event? _____

Please Note: Live flame/candles may not be used in the Fellowship Hall. Duck/adhesive tape may not be used on walls/tables/floors.

Ministry Area: _____ Ministry Area Chair: _____

Event Description: _____

Location of Event: _____

Event Date: _____ Number of Guests: _____

Event Time From/To: _____ Food Cost: _____

Meeting Only? Y N Meeting w/food? Y N

Budget: _____ Budget Source: _____

Please Circle the Items of Your Choice

Hot Drinks: Reg. Coffee Decaf Coffee Hot Tea Hot Choc
Cold Drinks: Iced Tea Juice _____ Milk _____ Water _____
Condiments: Salt Pepper Mayo Lemon Sugar Creamer
Table Cover: Cloth Paper Plastic Color: _____
Tables: Number: _____ Size: _____ Layout: _____
Chairs: _____ Lectern: _____ Table Decorations: _____
Serving Utensils: Knives Spoons Forks Napkins
Service & Set-up: Buffet Style Plate Service Theme: _____

Menu/Event/Activity Request Items

Appetizers: (1) _____ (2) _____ (3) _____

Salad: _____ Dressing: _____ Toppings: _____

Entrée: (1) _____ (2) _____

Veggie: (1) _____ (2) _____

Starch: _____ Bread: _____ Butter: _____

Special Instructions: _____

Dessert: (1) _____ (2) _____

Other: _____ Accoutrement: _____

Special Instructions/Requests: _____

Note: Please submit to kitchen management 30 days prior to event. Update all items with kitchen management 7 days prior to event.

Total Cost: _____

Office Use Only
Approved By: _____
Approval Date: _____
Added to Church Calendar By: _____