

# Food Services Request

## Event Description

**Known Allergies:** \_\_\_\_\_  
*(Alert your kitchen lead about this two weeks prior to the event)*

**Date of Request:** \_\_\_\_\_

Return completed form to office or send to [info@cloverdalebaptist.ca](mailto:info@cloverdalebaptist.ca).

Event Leader

Ministry Area

Contact Information

Date & Time of Event

Event Location

Budget

No. of Attendees

Assigned to