

CULINARY MINISTRY FOOD SERVICE REQUEST FORM (April 29, 2010)

2336 Elmwood Avenue/Post Office Box 4307
Columbia, South Carolina 29204

Date Submitted ____/____/____ Ministry Director _____

Description of Event _____

Date(s) Needed ____/____/____ Time Event Begins _____ Time Event Ends _____

Contact Phone _____

CULINARY NEEDS (Please check and indicate quantity as appropriate)

- | ITEMS | QUANTITY |
|---|----------------|
| <input type="checkbox"/> Dinner Plates... .. | |
| <input type="checkbox"/> Dessert Plates. | |
| <input type="checkbox"/> Carryout Plates. | |
| <input type="checkbox"/> Bowls. | |
| <input type="checkbox"/> Napkins | color(s) _____ |
| <input type="checkbox"/> Hot Cups. | |
| <input type="checkbox"/> Cold Cups | |
| <input type="checkbox"/> Forks/Knives/Spoons.. | |
| <input type="checkbox"/> Table Coverings. | color(s) _____ |

Menu Selection (see reverse for choices) _____

Notations:

_____/_____/_____
s/Ministry Director/Event Coordinator Date

ADMINISTRATION ONLY

APPROVAL/DENIAL BY PASTOR	DATE
COMMENTS:	

Date Received ____/____/____ Date Confirmed ____/____/____



CULINARY MINISTRY -----MENU SELECTION
(Culinary Ministry Has Standard Menu for Bereaved Families)

Select ONE Menu Based on Time of Your Event/Activity

Breakfast	# 1	#2	#3
	Cereal w/Milk Fresh Fruit Juice	Sausage Pattie Biscuits Juice	Liver Pudding Smoked Sausage Scrambled Eggs Grits Biscuits
Lunch	#1	#2	#3
	Hot Dogs/Hamburgers Chili Chips Cookies Drink (on hand)	Sandwich/Fruit Tray Chips Cookies Drink (on hand)	Spaghetti Cole Slaw or Tossed Salad Roll Dessert Drink (on hand)
Dinner	#1	#2	#3
	Fried Chicken Rice w/Gravy Vegetables (on hand) Roll Dessert Drink (on hand)	Baked Chicken Rice w/Gravy Vegetables (on hand) Roll Dessert Drink (on hand)	Fish Mashed Potatoes/Baked Beans Cole Slaw or Salad Buttered Corn Roll Dessert Drink (on hand)
Snack	*****Chips or Cookies***** Punch		
Other food items may be served as Out of Pocket expenses to those involved			