

**Fort Worth ISD Child Nutrition Services Programs
Catering Request Form
2009 - 2010**

Please Note: Allow a minimum of 7-10 days notice for scheduling and purchasing purposes. A minimum fee for 12 people will be charged. A cancellation fee will be assessed without a 72-hour notification. For events over \$1,000, fifty percent (50%) will be required up front.

Customer Name and Campus: _____

Position / Organization: _____

Phone: _____ Fax: _____

Date of Event: _____ Number of Guests: _____

Event Description: _____

Menu Request: _____

Set-up Location and Directions: _____

Start Time: _____ End Time: _____

Special Instructions: _____

Return completed form to Child Nutrition Services
Phone: 817-740-5500 ~ Fax: 817-740-5511 ~ email: Catering@fwisd.org

Catering Office Use Only:

_____	Total Fee: _____
_____	Set-Up Fee: _____
_____	Total Due: _____