

# Request Form: Use of the School Cafeteria or Kitchen

Board Approved: 04-19-07

Send request form to the Child Nutrition Program (CNP) Office at 3000 N. Sherwood Forest Drive or Fax request to 225-275-3801 at least one week prior to event. For assistance, please contact the CNP Administrative Director of Operations at 225-226-3762.

School: \_\_\_\_\_ Date of Event: \_\_\_\_\_

A "Use of Facilities" form has been submitted to the Director of Facilities Management for approval of this event. \_\_\_\_ Yes \_\_\_\_ No **If no request has been submitted, please do so immediately. Approval for use of the school cafeteria or kitchen will not be given without an approved form signed by the Director of Facilities Management.**

Time of the Event: \_\_\_\_\_ Time you will need to be in the cafeteria:

Date: \_\_\_\_\_ From: \_\_\_\_\_ until \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ until \_\_\_\_\_

Name of School Group or Organization requesting use of the School Cafeteria outside of the regular school day:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If other than school address)

Name of Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ work \_\_\_\_\_ cell

1. What is the primary purpose of the meeting for which you are requesting the use of the school cafeteria/kitchen outside of the regular school day?

\_\_\_\_\_  
\_\_\_\_\_

**If an extra garbage dumpster is needed for the event/fair/festival, then the arrangements must be negotiated separate from the regularly scheduled garbage pick-ups. Please initial if there is a need for an extra garbage dumpster for the event.**  
\_\_\_\_\_ Initial

2. What is the menu for this event?

3. Are you having the food catered by an outside caterer? Yes \_\_\_\_ No \_\_\_\_  
Please provide the name, address, and telephone number for the caterer:

4. Will use of kitchen area be needed for this event? Yes \_\_\_\_\_ No \_\_\_\_\_  
**\*CNP Staff must be present if any part of the kitchen area is used.**

