

FOOD EVENT REQUEST

For all events where food will be served



PART A: Please feel free to call the Nutrition Department at 760-432-2332 if you have any questions about your event.

Event Name: _____	Contact Name: _____
Event Date: _____	Phone Number: _____ EXT: _____
School Site: _____	Room Number: _____
# of people attending: _____	Time of Event: _____

Will students or community members be participating? Students _____ Community Members _____

Food to be provided by: EUSD Nutrition Dept _____ Outside Vendor If yes, proceed to Part B _____ Local Grocery Store If yes, proceed to Part C _____

List type of food if provided by EUSD:
 Please allow 10 business days notice for Nutrition Dept. to process a request for use of an outside vendor; or 5 business days for a request using EUSD Nutrition Services

Nutrition Services Labor paid for by Principal's budget: _____ Food to be paid by: _____
 BAC:

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REGULATIONS FOR POTLUCK EVENTS

- * No food prepared in a private home may be served to students at any time.
- * Staff may engage in potlucks at any time, as long as they do not involve students.
- * Parents may bring in food for a Staff Appreciation event. The parents who attend may consume the food; however, no students may participate.
- * PTA may not hold potlucks for fund-raisers, but can do so for adult, non-profit events (i.e. monthly leadership meetings). No students may participate.

PART B: If an outside vendor is used, the following portion must be completely filled out. *Allow 10 business days to process request.*

Catering Company: _____	Type of food to be served:	
Contact Name: _____	Contact Phone #:	_____

PART C: If purchasing food from a local grocery store the following portion must be completely filled out. *Allow 5 business days to process request.*

Grocery Store: _____	Type of food to be purchased:	
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PART D: Please leave completed form with your school office manager for the Principal's signature.

Additional Information you think might be useful to the Cafeteria Manager or Principal to process your Food Event Request Form

_____ Contact Signature	_____ Date	_____ Principal / Supervisor Signature	_____ Date
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Office Manager: Please forward signed original to Cafeteria Manager and a copy to the event originator.

NUTRITION SERVICES USE ONLY Date Received by Nutrition Services _____

Nutrition Staff Member assigned to _____	Projected hours _____	Nutrition Site Mgr Approved _____
Vendor Approved: _____	Meets Nutritional Content: _____	Is food perishable _____
ServSafe: _____	Health Permit _____	Health Inspection: _____
Food Handlers cards for servers: _____		
Event Approved: Yes / NO Approved By: _____ Date: _____		

Nutrition Comments: