



Mercedes Independent School District
 Child Nutrition Services
 P.O Box 419
 Mercedes, TX 78570
 Phone 956-825-5070
 Fax 956-514-2039



Catering Request Form

Date Submitted: _____

Date of Request: _____

Name of Organization: _____
 (responsible for payment)

Contact Person: _____ Phone Number: _____

Address: _____

Position in Organization: _____

Date Needed: _____ Time Needed: _____

Anticipated Attendance: _____

Description of food item(s) Requested:

Signature _____ Date _____

This form must be received in the Mercedes Child Nutrition office at least two weeks before the event. Please fax to the Child Nutrition office at 514-2039

Last Revised: September 2015

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