

CHILD NUTRITION DEPARTMENT
PASCAGOULA-GAUTIER SCHOOL DISTRICT

BANQUET SPECIAL FUNCTION REQUEST FORM

GENERAL INFORMATION:

1. DATE OF FUNCTION (*NEED TWO WEEKS NOTICE*): _____
2. LOCATION OF FUNCTION: _____
3. TIME OF FUNCTION: _____
4. NUMBER OF PEOPLE ATTENDING: _____
5. PURPOSE OF FUNCTION/NAME OF EVENT:

6. PGSD ADMINISTRATOR REQUESTING REFRESHMENTS/DEPARTMENT:

7. **FOOD ITEMS OR REFRESHMENTS REQUESTED FOR EVENT:**

BILLING INFORMATION:

8. CONTACT PERSON FOR BILLING: _____
9. CONTACT EMAIL ADDRESS (TO SEND BILL): _____
10. CONTACT PHONE NUMBER: _____

If you have any questions, please contact Child Nutrition at 228-938-6525. We will email you if we can or cannot accommodate your special function request. Thank you for your inquiry!