

KITCHEN USAGE REQUEST FORM

ATTN: Facilities Co-ordinator 6031 Elbow Dr. S.W. T2V 1J4 T: (403) 253-7136 F: (403) 258-1291 www.fachurch.com

REQUEST DATE: _____

EVENT DATE: _____

REPEATING DATE(S): _____

EVENT DESCRIPTION: _____

START TIME: _____ END TIME: _____

NUMBER OF PEOPLE: _____

MINISTRY DEPARTMENT: _____

REQUESTOR: _____

PHONE NUMBER: _____

CERTIFIED KITCHEN ADVISOR: _____

I don't know any certified kitchen advisors, please provide one for me:

BOOKING PROCESS:

1. Please submit this request form at least **FIVE days** before your event in order to allow time to process your request and ensure availability.
2. You will receive notification by memo when your room booking is confirmed.
3. Please note that any booking that does not occur within regular custodial hours will incur a \$15 / hour fee. You will be notified if this applies.

FACILITY REQUIREMENTS:

- | | |
|--------------------------|-------------------|
| # | |
| <input type="checkbox"/> | COFFEE CARAFES |
| <input type="checkbox"/> | COFFEE URNS |
| <input type="checkbox"/> | DISHES / UTENSILS |
| <input type="checkbox"/> | STOVE / OVEN |
| <input type="checkbox"/> | POTS & PANS |
| <input type="checkbox"/> | WATER JUGS |
| <input type="checkbox"/> | CHAFING TRAYS |
| <input type="checkbox"/> | OTHER _____ |

INVENTORY REQUIREMENTS:

- | | |
|--------------------------|-------------------|
| # | |
| <input type="checkbox"/> | DISPOSABLE CUPS |
| <input type="checkbox"/> | DISPOSABLE PLATES |
| <input type="checkbox"/> | DISPOSABLE BOWLS |
| <input type="checkbox"/> | PAPER TOWELS |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

NOTES: