

Hebron Fellowship Baptist Church

CAFE Services Request Form

General Information

Ministry:	Event:
Ministry Lead:	
Requested Dates:	Submitted by:

Comments:

EVENT INFORMATION

Name of Event:
Date of Event:
Event Approved by the Pastor <input type="checkbox"/> Yes <input type="checkbox"/> No
Time: Start _____ End _____ Set up needed by (time): _____ Meal to be served by (time): _____
Is event at the church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Request for: <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner <input type="checkbox"/> Other

Requested menu:
Notes/Special Instructions:

FOR OFFICE USE ONLY

Date request received: _____ Date forwarded to Culinary Lead: _____