

SPECIAL FUNCTION RESERVATION FORM

Organizations should schedule reservations for their special affair as far in advance as possible in order to allow planning time to purchase food, plan special menu &/or arrange staffing. Please contact Melissa Schad, Food Service Director at: FSD Office at CMS (724-746-1040, ext. 2) Cell Phone (412-320-6763) or e-mail (schadm@cmsd.k12.pa.us). Complete this form for services and forward to the Food Service Director's office. Information about the number and type of food & service desired should be furnished 5-10 days before the event. 1 – 5 day notice is sufficient time to schedule a light snack and beverage type set up for a small group. As always, if catering services are required for an unexpected event, please contact FSD to see what is available on short notice.

Organization: _____ Today's Date: ____/____/____
Name of representative: _____ Event Date: ____/____/____
Phone #: _____ e-mail: _____
To be invoiced to (if different from above): _____
People: _____ Time of Event: _____ Service Time: _____
Location of Event: _____

Menu Requested

Breakfast Selections:

____ Coffee Service ____ 8 oz Bottled Water ____ Assorted Juice
____ Fruit Salad or ____ Fresh Fruit Tray ____ Yogurt
Pastry: ____ Bruegger's Bagels (with Cream Cheese) ____ Fresh Baked Cinnamon Rolls
____ Fresh Baked Scones ____ Assorted Muffins or Other*/Please Specify: _____

Other selections available, but not limited to:

____ Small (Round) or ____ Large ____ Frittata or ____ Strata ____ Assorted Mini Quiche
Other*: _____

Snacks: ____ Assorted Baked Chips ____ Dozen Fresh Baked Cookies (Tray)
____ Cheese & Pepperoni Tray with Crackers ____ Packages of 100 calorie cookies

"Luncheon" Selections (may select any items listed above also, including snacks):

____ 16 oz Water ____ Assorted Iced Teas/Lemonade ____ Soft Drinks
____ Tossed or ____ "Picnic" Salad ____ Fruit Salad or ____ Fruit Tray ____ Veggie Tray
____ Sandwich Ring(s) ____ Assorted Wraps ____ Giant Hoagie Wedges
____ Assorted Salad Type Croissant Sandwiches ____ Schoolmade Pizza Specialties
Soup: ____ Homestyle Chicken Noodle ____ Wedding ____ Other: _____

____ **Dinner Banquet** (Please discuss menu options & preferences with Food Service Director)

Service includes all related paper products _____

*Please contact FSD for additional suggestions not listed above or specify any other requests:

Extra Service Required: _____

It is our pledge that Nutrition Inc. will offer the highest quality of meals & service to every customer every day. If we fail to live up to your expectations, we ask that you first contact your resident Food Service Director to correct the problem. Furthermore, if you are not satisfied with the corrective action, please contact the Corporate Regional Manager. If you do not receive full satisfaction please contact our Corporate Compliance Officer at 1-888-272-8106.

(To be completed by FSD): Inv. # _____

Approximate Cost Per Person (varies with labor charges): \$ _____

Reservation confirmed & duplicate given to contact person on: _____

Duplicate given to HS / MS staff on _____; Baker on: _____



"Providing the Absolute Best in Food and Facility Management"