

200 Poplar Street, Vandergrift, PA 15690

Person or Group Requesting: _____

Event: _____

Building: _____ Room Location: _____

Date of event: _____ Time: _____

Number of people: _____

Food Requested: _____

Beverages Requested: _____

Special food and/or set-up requests: _____

Account Code: _____

Signature of Administrator

Date

This form should be submitted to the Food Service Department one week prior to the event.