

CATERING REQUEST FORM 2025 - 2026 School Year

2-Weeks Prior to event c omplete form , submit to Head/Elem Cook , scan & email : amy.cirillo@eastpointeschools.org and patricia.giorlando@eastpointeschools.org

DATE OF EVENT:

EVENT CONTACT Name:**

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LOCATION OF EVENT:

DELIVERY DATE & TIME:

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NUMBER OF GUESTS:

BILLING TO ASN#:

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ASN Description:

MENU - SUPPLIES NEEDED - Details about event if necessary.

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****Authorized
Signature:**
