

EASTPOINTE COMMUNITY SCHOOLS

FOOD SERVICE DEPARTMENT

586.533.3006

CATERING REQUEST FORM 2025 - 20265 School Year

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

DATE OF EVENT: _____ **EVENT CONTACT Name**:** _____

LOCATION OF EVENT: _____ **DELIVERY DATE & TIME:** _____

ASN Description:

MENU - SUPPLIES NEEDED - Details about event if necessary.

****Authorized
Signature:**