

**R. B. RUSSELL VOCATIONAL HIGH SCHOOL
FOOD SERVICES**

FUNCTION REQUEST FORM

Name: _____ Phone # _____ Fax # _____

Address: _____

Billed to: _____ Method of Payment: _____

Date: _____ Date Required: _____

Number of Persons: _____ Time Required: _____

Food Required _____

Baking: _____

Beverages: _____

Other
Instructions: _____

Approved: _____ Price: _____

If charged to Principal's Account: _____ Approved by: _____

G. Comack / N. Dyck

PLEASE NOTE:

A minimum of 3 days' notice will be required for all functions.

There will be a \$6.00 charge for tablecloths.