

FAOG Kitchen Reservations for 2019

- Approved
- Approved-Contingent
- Disapproved

Requests Due ONE WEEK PRIOR to Event

Today's Date: _____

Name of Event: _____ Ministry/Leaders Approval: _____

Contact Person: _____ Ph(h/c) _____ Email: _____

Person Overseeing Kitchen Activity: _____ Ph(h/c) _____

(needs kitchen equipment & health procedures experience)

Date of Event: beginning _____ Ending: _____ Time: Beginnig _____ Ending: _____

Coments _____

Equipment Needed: Indicate Amount Where Applicable

- | | | |
|-----------------------|----------------------------|-------------------------|
| _____ Stove/Oven | _____ Griddle | _____ Rice Cooker |
| _____ Tilting Skillet | _____ Deep Fryer | _____ Refrigerator |
| _____ Freezer | _____ Ice Machine | _____ Sinks |
| _____ Prep Tables | _____ Coffee Maker | _____ Rolling Tray Cart |
| _____ Cambro Warmer | _____ Buffet Chaffing Dish | _____ Other |

Utensils Needed: Indicate Amount

- | | | |
|----------------------|------------------|-------------------------------|
| _____ Cutting Boards | _____ Knives | _____ Serving Spoons/Tongs |
| _____ Sheet Pans | _____ Pots/ Pans | _____ Serving Dishes/Platters |

Frozen/Refrigerated/ Items to be delivered: _____ Delivery Date: _____
 All iitems must be labeled with name, ministry name and date (include amount)

Pantry Items to be delivered: _____ Delivery Date: _____
 All iitems must be labeled with name, ministry name and date (include amount)

Note: Ministries and individuals are responsible for cleaning kitchen and emptying all rubbish.

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JANUARY						
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FEBRUARY						
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MARCH						
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SEPTEMBER						
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OCTOBER						
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NOVEMBER						
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DECEMBER						
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