South Highland Presbyterian Church
FOOD SERVICE REQUEST
(Present to Director of Administration and Finance along with Facilities Request for room location)

Ministry Team/Committee/Church Group: _____

Event: _____ Date of Event: _____

Number of Reservations (guaranteed): _____ Location: _____

Menu requested/Special request: _____

_____

_____

Person making request: _____ Today's date: _____

Email address: _____ Phone: _____

Bill to: _____

Address: _____

Amount charged: $_____ Amount collected: $_____ Amount remaining: $_____

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