

DOUGLAS COUNTY SCHOOL DISTRICT Re-1
CATERING REQUEST FORM

Complete form and send directly through email to catering@dcsdk12.org or inter office mail directly to Nutrition Services Attn: Catering. Please print clearly.

Name of requester: _____

Phone number: _____ Today's date: _____

Event: _____

Event date: _____ Number of people: _____

Time of event: _____ Setup time: _____

Location (please be specific) _____

Who is paying? Please give name and phone number:

Budget code: _____

OR Cash: Yes _____ No _____

Menu:
Special Instructions:

This form must be completed and submitted 7 business days prior to the event. When the Catering department receives your request you will receive a price quote via email or phone. A confirmation will be needed prior to the event. Cancellations within 48 hours of the event will be subjected to a fee. Contact Wendy Bonnell Nutrition Services Catering Manager (720)883-8232 if you have any questions.