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ANDREWS CHAPEL UNITED METHODIST CHURCH TRUSTEES

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KITCHEN USE REQUEST FORM

Today's Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact     Phone         Email

Date(s) of Use: \_\_\_\_\_ Time(s): \_\_\_\_\_

Will food be served?    Yes     No

Will food be cooked in kitchen?    Yes     No

If yes, who will be cooking? \_\_\_\_\_

Submitted by: \_\_\_\_\_

(printed name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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