

Northern Lehigh School District
Food Service Department
Catering Request Form

Event Date: _____ Event Title: _____

Guest Count: _____ Building: _____ Room No.: _____

Set Up Time: _____ Start Time: _____ Clean-Up Time: _____

Contact Name: _____ Contact Phone: _____ Contact Email: _____

Reservation No.: _____ Sponsoring Dept.: _____

Billing Info: _____ Primary Audience: _____

Department: _____ Administration

Teachers

Students

Other

Funding No. To Charge: _____

MENU

Drop Off Breakfast Lunch Buffet China Table Top Linen
Pick Up Dinner Sit Down Paper
Snack

Food Choice

Beverage Choice

Additional Instruction

Please return this form at least 2 weeks prior to the need for service to Nichole Fink, Food Service Director at nfink@nlsd.org. For questions please call 610-767-9811 or email at nfink@nlsd.org.

Thank you for allowing us to serve you!