



HOSPITALITY SERVICE REQUEST FORM

Form must be submitted according to the following deadlines:
(A separate form must be completed for each request)

- | | | |
|--|---|---|
| • 8 week in advance -
Calendared Events | • 2 weeks in advance -
Non Calendared Events | • 3 days in advance - unexpected
events (funerals, repast) |
|--|---|---|

EVENT DETAILS:

Event: _____
Date of Event: _____ Time of Event: _____ AM PM to _____ AM PM
Set-up Date: _____ Set-up Time: _____ AM PM
Contact Person: _____ Phone: _____
Alternate Phone: _____ E-mail: _____
Is this a Recurring Event? Yes No (If yes, frequency:) _____

LOCATION OF EVENT:

- Fellowship Hall Hospitality Suite/Room #204 Classroom #
 Other (specify) _____

Additional Information on Setup: _____

Attendance: # Adults: _____ # Children (10 and under): _____

MENU REQUEST:

Need Assistance with Menu?
Yes NO

Need Assistance with Décor?
Yes NO

Will Decor be provided
Yes NO

Meal Request

- Continental Breakfast
 Breakfast
 Deli Lunch
 Hot Lunch
 Dinner
 Snacks
 Other _____

Beverage

- Coffee
 Hot Tea
 Sweet Tea
 Lemonade
 NCCM punch
 Water

Service Type

- Buffet
 Seated/Served (maximum 30)
 Butler Style

Special Dietary Needs (please specify): _____

E-mail all request to hospitality@newcov.org