

Catering Request

ATLANTIC COUNTY SPECIAL SERVICES SCHOOL DISTRICT

EVENT: _____

DATE NEEDED: _____

ROOM: _____

#OF GUESTS: _____

TIME: _____

*Please describe below the type of food you would like.
(Sandwiches, snacks, bagels, coffee, cold beverages, etc)*

Contact Person: _____

Phone Extension: _____

Today's Date: _____

All catering requests should be made 2 weeks prior to date of event.