

MACEDONIA BAPTIST CHURCH OF BALTIMORE CITY

718 WEST LAFAYETTE AVENUE
BALTIMORE, MARYLAND 21217
410-669-5776 (office)

FOOD SERVICE REQUEST FORM

Ministry _____ Account # _____

Date of Request _____ Date received _____

Number of persons to be served _____ Small Group _____ Large Group _____

Room(s) to be used: Lower Level _____ Kitchen _____ Sanctuary _____ Ladies Parlor _____ Other _____

Room Set-Up: _____ Classroom Style _____ Lecture Style
_____ U-Shape Style _____ Circular Style
_____ Conference Style _____ Banquet Style

Number of Tables _____ Round _____ Oblong _____ Number of Chairs _____

Accessories: _____ Tablecloths & Napkins _____ Glasses
_____ Plates/Cups _____ Flatware
Colors _____

Rehearsal Time(s) Date(s) _____ Time(s) _____
(Weddings)

Menu: BREAKFAST LUNCH DINNER

Requestor's Signature _____ Date _____

Kitchen Ministry's Signature _____ Date _____

Assigned Food Service Worker(s) _____

Operations Manager _____

cc: Trustees
Revised June 2018