



HARRISBURG SCHOOL DISTRICT

Food Service Department

717-703-4557 PHONE

SPECIAL EVENT CATERING REQUEST FORM

NOTE: AT LEAST FOUR (4) days' notice is required on requests

PLEASE PRINT BELOW

Date Needed _____ Time Needed _____ Exact Location _____

Contact Person _____ Phone _____

 **Type of Meal:**

 **Number of Meals:**

 **Type of Drink(s):**

Breakfast _____

Quantity _____

Drink _____

Lunch _____

Quantity _____

Drink _____

Dinner _____

Quantity _____

Drink _____

PLEASE PRINT BELOW

Please describe below the components of the meal needed AND any special instructions

****Requestor Signature _____ Date Submitted _____**

PLEASE SCAN AND EMAIL ALL REQUESTS TO LELBY-NEWMAN@HBGSD.US & TCOMBS@HBGSD.US

