

# Special Event Food Request

Warrensville Heights City School District

Name of Event:

Date of Request:

Date of Event:

Time and Location:

Food/Snacks/Juice Items:

Total # Students for Event:

Teacher/Supervisor Name:

Teacher in Charge Signature:

Food Service Supervisor Signature:

Please fill out this Special Event Food Request Form if you need food, snacks, cookies, juice or water for the students. \*(For example rewarding the honor roll students at the end of the month)\*

Contact Food Service Supervisor (216-336-6606) when needed for additional information. Email back the attached form ([matthew.heinl@whcsd.org](mailto:matthew.heinl@whcsd.org)) or give the form directly to the Food Service Supervisor (Matt Heinl) at least two weeks prior to the date of the Special Event.

All items used for the Special Event are to be returned no later than the following day



This institution is an equal opportunity provider.