

GROTON CENTRAL SCHOOL

BUILDING USE REQUEST

~ CAFETERIA FACILITIES USE REQUEST FORM ~

(A BUILDING USE FORM MUST ACCOMPANY THIS FORM)

1. NAME OF ORGANIZATION: _____ DATE REQUEST SUBMITTED: _____
2. NAME OF PERSON IN CHARGE: _____ PHONE NUMBER: _____
3. IF YOU ARE A STUDENT, NAME OF TEACHER ADVISOR: _____
4. DATE OF EVENT: _____ TYPE OF EVENT: _____
5. NEED CAFETERIA AT _____ ELEMENTARY SCHOOL _____ MIDDLE-HIGH SCHOOL
6. ACTUAL STARTING & ENDING TIMES OF EVENT: _____ TO: _____
7. TIME FACILITY IS NEEDED - SET UP/TEAR DOWN TIME: _____
8. HAVE YOU PREVIOUSLY USED THE CAFETERIA FOR A PROJECT?: _____
9. TOTAL NUMBER OF VOLUNTEERS: _____ ADULTS _____ STUDENTS

You will be required to hire at least one cafeteria staff person to work with your group during preparation, serving and cleanup. This person is not responsible for your project and will only be assisting unless you have made other arrangements. However, you may also hire the staff to plan and cater your activity.

10. DO YOU HAVE ENOUGH VOLUNTEERS TO PREPARE, SERVE AND CLEAN UP? _____
11. DO YOU PLAN TO HIRE SCHOOL STAFF TO CATER THIS PROJECT? _____
12. IF SO, PLEASE SEE THE CAFETERIA MANAGER AND THE BUSINESS MANAGER FOR AN ESTIMATE OF CHARGES. LABOR RATES AVERAGE \$11.00 PER HOUR.
13. IF THIS PROJECT IS NOT STAFF CATERED, WHAT EQUIPMENT DO YOU ANTICIPATE USING?

_____ COFFEE POT	_____ OVENS	_____ STEAMER TABLE
_____ COOLER/FREEZER	_____ PAPER SUPPIES	_____ STOVE
_____ DISH MACHINE	_____ SILVERWARE	_____ OTHER
_____ DISHES	_____ SLICER	_____
_____ FOOD WARMER	_____ STEAMER	_____
14. WHO IS REPSONSIBLE FOR ORDERING FOOD AND SUPPLIES? _____

For general information, the manager is available at certain times during the day to answer questions. Please inquire for a convenient time. If you wish to hire the cafeteria manager to help plan your activity and order the food and supplies, the charge is \$15.00.

15. DO YOU NEED THIS SERVICE? _____

12/02/04

SIGNATURE & DINING ROOM USE FORM ON BACK →

~ **DINING ROOM USE** ~

1. DO YOU PLAN TO USE THE DINING ROOM, TABLES AND CHAIRS? _____
2. DO YOU NEED COAT RACKS SET UP? _____
3. DO YOU PLAN TO REARRANGE FURNITURE? _____
4. WHO WILL MOVE TABLES AND SET UP COAT RACKS IF NECESSARY? _____

Reminder: All tables and chairs must be clean and returned to their original positions after activity. Please be sure you plan for this unless you are paying for a catered activity.

Also, if this activity is planned for a time when a custodian is not normally on duty, you will be billed for the cost of hiring one.

The purpose of this form is to help you plan your activity. Please make all arrangements as far in advance as reasonably possible. Notify the building principal and cafeteria manager of any changes after receiving approval.

Thank you for your cooperation.

Organization Representative's Signature

Date: _____

Cafeteria Manager's Signature

Date: _____

(Dis)Approved: _____
Administrator's Signature)

Date: _____