

**Crosby ISD Child Nutrition Services**

**Reserve Kitchen Request Form (Form 75)**

Submit Form to Child Nutrition via email: [tevans@crosbyisd.org](mailto:tevans@crosbyisd.org)

**School:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Event Start Time:** \_\_\_\_\_

**Event End Time:** \_\_\_\_\_

**Arrival Time for  
CISD Employee:** \_\_\_\_\_

**Leave Time for  
CISD Employee:** \_\_\_\_\_

**Will there be an outside food vendor?** \_\_\_\_\_

**Outside Food Vendor Name:** \_\_\_\_\_

**List all Items to be Served:** \_\_\_\_\_  
\_\_\_\_\_

**Circle: CISD equipment requested to use:**      Serving Line      Warmer      Freezer      Refrigeration

**Will food be served outside of cafeteria?** \_\_\_\_\_

**If so, where?** \_\_\_\_\_

**Number of:**                      # Attendees: \_\_\_\_\_

# Volunteers  
Expected: \_\_\_\_\_

\*This request form must be submitted at least two weeks prior to the event occurring. When a district kitchen is used after normal operating hours a Food Service staff member can be required to be on the premises. Whenever possible the Campus Manager should be the staff on duty.

\*No raw food products may be prepared or stored in the kitchens, all food items must be brought in ready to serve from an outside licensed, approved vendor. No Food is to be prepared at homes. If baked goods are prepared at home, a sign must be posted stating this.

\* The purpose of the Child Nutrition employees is to ensure that safe food handling procedures are used, to ensure that equipment is safely and properly used, that no damage or misuse of equipment occurs and that the kitchen and equipment and premises is left clean and secure at the end of the event. Child Nutrition employees are **not** responsible for cooking or serving the food or doing clean up.

\*Volunteers should wear closed toe, rubber sole type shoes, and bring their own hair covering such as a base ball cap or hairnet.

\*If food is served outside of cafeteria, the organization is responsible for obtaining their own food event permit from the appropriate Health Department.

\*Child Nutrition does NOT provide chafing dishes or sterno, coffee pots, disposable gloves, saran wrap or foil, and paper products such as – cups, plates, utensils, napkins.

\*Delivered food should be planned to be used or discarded within 4 hours.

\*The requesting party is responsible for the CN staff member's wages earned during the event.

***When Child Nutrition employee is needed on premise for event you will receive an invoice after***

***I will pay with an Organization Check***

***I will pay with an electronic transfer via Budget Code***

Campus budget code to be debited: \_\_\_\_\_

For CNS Use ONLY:	Employee's Names	Time		# of Hours		Approximate Cost

Total Cost \$ -

For Questions Contact:

Event Questions: CN Director Teresa Evans @ 281-328-9200 x1250 / [tevans@crosbyisd.org](mailto:tevans@crosbyisd.org)

tme 7-24-18