

Kitchen Request Form

Name of	Today's		
Ministry:	Date:		
Contact:	Date of Event:		
Name of	Start Time (including Prep-time):		
Event:	AM/PM		
Number of	End Time (including Clean-up time):		
Attendees:	AM/PM		
	gar a		
THE PARTY OF THE LATE OF THE PARTY OF THE PA	ITENANCE (I.E. broom, mop, towels, dish soap)		
CONDITION OF KITCHEN UPON ARRIVAL EXCELLENT GOOD FAIR POOR	CONDITION OF KITCHEN POST EVENT EXCELLENT GOOD FAIR POOR		
(PLEASE CIRCLE ONE)	(PLEASE CIRCLE ONE)		
Please be specific if kitchen not in order	6 11.1 6121.1		
	Condition of Kitchen		
Signed By	- Theorem		

KITCHEN EVALUATION FORM

Please note if the following areas were cleaned after the event:

ITEM	Yes	No	If "No", please provide specifics
Floor			
Stove			
Cabinets			
Refrigerator			
Sinks			
Equipment			
Other			

Please note those supply items which may need replenishing!

Supply Item	Amount Provided	Amount Used	Amount to	Date Ordered
			Reorder	
1.				/ /
2.				/ /
3.				/
4.				/ /
5.				/ /