



Culinary Ministry Request Form

_____ Ministry

Count _____

Date of Event _____

Drink:

Lemonade _____

Pink Lemonade _____

Tea _____

Water _____

Veggies:

Green Beans _____

Garden Peas _____

Corn _____

Other _____

Salad(s):

Green Salad Yes or No _____

Potato Salad _____

Salad Dressings: _____

Fresh Fruits:

Breakfast (Please check)

Continental Breakfast: _____

Bread:

Rolls (fresh) _____

Full Breakfast:

Dessert(s)

Cakes _____

Apple Pie _____

Cheesecake _____

Cookies _____

Sheet Cake _____

Meat:

Ham _____

Meatballs _____

Chicken Fried _____

Chicken Baked _____

Tuna (canned) _____

Chicken (canned) _____

Additional requests: _____

(Please submit with Event Checklist (60 Days in advance))