

Food Service Kitchen Use Form

(This form **must** be completed if you are requesting to use a kitchen or any large equipment or small equipment such as coffee pots, pans, etc..)

Please circle the kitchen to be used:

Redgranite Riverview Parkside High School

Today's Date: _____

Person in Charge of Event: _____

Date of the Event: _____

Contact Phone: _____

Contact Email: _____

Time you will arrive (Please note- if school is in session- must be after 2:00 PM):

Time you will leave: _____

Please circle what equipment will be used:

Sinks Convection Ovens Steam Wells

Dishwasher Steamer Hot Boxes

Salad Bar Serving Area Items Pots/Pans

Coffee Pot (1 available) Other: _____

ARE YOU / YOUR ORGANIZATION WILLING TO ASSUME FULL RESPONSIBILITY FOR ANY LOSS OR DAMAGE? YES NO

Food Service Director complete:

Name of Food Service Staff (if needed): _____

Cost of the Food Service Labor (If needed): _____

This request is Approved Denied

_____ District Food Service Director _____ Date

Please email form to: stansburyt@wautoma.k12.wi.us or Mail to:
Tami Stansbury- FSD
300 S 16th Ave
Wautoma, WI 54982