

Memorial

Hospital of South Bend®

NUTRITIONAL SERVICES

SPECIAL EVENTS REQUEST FORM

Event Date: _____	Event Set Up Time: _____
Event Start Time: _____	Event Clean Up Time: _____
Ordered by: _____	Cost Center or Cash: _____
Contact Phone #: _____	Number of People: _____
Paper: yes/no _____	China: yes/no _____
Location: (define): _____	

For customized meal planning Please call our
 Lead Catering Associate
 Debbie at 647-3013 or 647-6651

Meal Request	Notes:
Entrée:	
Starch:	
Vegetable:	
Vegetable:	
Salad:	
Bread:	
Dessert:	
Beverage:	
Beverage:	
Other:	

Special comments: _____
