

3.5 - Holy Trinity Kitchen Request Form & Agreement

*****Agreement must be returned to the Parish Office at least 2 weeks in advance.***

Name: _____

Phone Number: _____

Email: _____

Date of Event: _____ Day of the week: Su M T W Th F Sa

Ministry/Organization: _____

Please Specify The Kitchen Equipment Needed for Event:

- | | | | | |
|---|---|---|--|-------------------------------------|
| <input type="checkbox"/> Stove | <input type="checkbox"/> Double Convection Oven | <input type="checkbox"/> Oven under Stove | <input type="checkbox"/> Microwave | <input type="checkbox"/> Fryer |
| <input type="checkbox"/> Steam Table | <input type="checkbox"/> Warmer Box | <input type="checkbox"/> Lg Built-In Coffee Maker | <input type="checkbox"/> Portable Small Coffee Maker | |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Ice Machine | <input type="checkbox"/> Refrigerator/Freezer | <input type="checkbox"/> Pots & Pans | <input type="checkbox"/> Potholders |
| <input type="checkbox"/> Cookie Trays | <input type="checkbox"/> Chafing Dishes | <input type="checkbox"/> Cooking Utensils | <input type="checkbox"/> Igloo Drink Dispensers (2) | |
| <input type="checkbox"/> Coffee Carafes | <input type="checkbox"/> Dishtowels | | | |

Consumables you plan on using: ☐ Aluminum Foil ☐ Plastic Wrap ☐ Parchment Paper

We (____ do) (____ do not) need access to the kitchen pantry.

Items not provided: disposable gloves and sharp knives.

If you need training on any of the above selected equipment, please indicate here which items you need instructions for.

_____ I have read and will comply with the Kitchen Policies and Procedures listed in section 3.4

(Please initial)