

MENDON COMMUNITY SCHOOLS KITCHEN FACILITIES REQUEST FORM

The Health Department and Michigan Food Services Association regulations are strict, so we require any use of Mendon School District kitchen facilities to be pre-arranged and approved by the Supervisor of Food Services. The request should be submitted at least three days before intended use. If the request is approved, the person identified as being in charge is responsible for seeing that the facility is cleaned and sanitized for the following school day. If you have arranged for cleaning by the custodial staff, please allow for the time needed to do this cleaning.

Thank you,
Darci Kirby, F.S.D.

Today's date: _____ Date you would like kitchen: _____
 Hours of use: _____ am/pm TO: _____ am/pm
 Description of activity: _____

The undersigned, representing the above named organization, agrees to abide by and enforce the regulations governing the use of school equipment and facilities and to promptly pay for any fees and reimburse the school for any damages involved.

Person in charge: _____ Phone number: _____
 Organization: _____
 Special NOTES: _____

Please check items you and/or your group will use on the date indicated above:
 _____ Steam Table _____ Garbage Cans _____ Stoves/Ovens
 _____ Milk Cooler _____ Coffee Urns _____ Refrigerator

TO MAKE ARRANGEMENTS FOR UTENSILS, PANS OR OTHER EQUIPMENT, PLEASE CONTACT DARCI KIRBY AT (269) 496-8491 BETWEEN 7:30 a.m. AND 1:30 p.m.

THE FOLLOWING EQUIPMENT IS NOT AVAILABLE FOR GENERAL USE:
 Commercial-size Mixer Walk-in Refrigerator Steam Kettle Steam Cooker Walk-in Freezer Dishwasher

Kitchen Facility RENTAL RATES (up to 6 hours)*

	<u>RESIDENT</u>	<u>NON-RESIDENT</u>
Elementary Kitchen/All-Purpose Room	\$10.00 / hour	\$20.00 / hour
Middle School/High School CAFETORIUM	\$12.00 / hour	\$24.00 / hour

*In addition to hourly fees, set-up and clean-up fees are charged on days when school is NOT in session.
 If facility is used more than 6 hours, clean-up fees are doubled.

FOR BUSINESS USE ONLY:

Approved: _____ / _____ / _____ / _____ / _____ / _____
 BUILDING PRINCIPAL DATE FOOD SERVICE SUPERVISOR DATE MAINTENANCE SUPERVISOR DATE

CHARGES: FACILITIES: \$ _____ PERSONNEL: \$ _____
 PAYMENT: DATE INVOICED: _____ DATE PAYMENT RECEIVED: _____ AMOUNT: \$ _____

THIS FORM MUST BE PRESENTED TO THE CUSTODIAN ON DUTY AT THE TIME YOU ARRIVE FOR THE SCHEDULED USE OF KITCHEN FACILITIES.