



Owens Community College  
Culinary Arts Program  
Special Event Request Form

Date request received: \_\_\_\_\_

<b>Contact Name:</b>	<b>Email:</b>	<b>Phone:</b>
<b>Department/Organization:</b>		<b>Fax #:</b>
<b>Event Name &amp; Brief Description:</b>		
<b>Event Date:</b>	<b>Start Time:</b>	<b>End Time:</b>
<b>Is this event private or open to others?</b>		
<b>Estimated Number of Adults:</b>	<b>Estimated Number of Children under 12 years:</b>	
<b>Event Requests (particulars, which can be menu, table arrangement, décor, centerpieces, etc.):</b>		
<b>Billing Information: Budget Range (either total or per person cost):</b>		
<b>Department Business Authority:</b>		
<b>Account:</b>		
<b>Index:</b>		

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**Please Do Not Fill – This will be done during the meeting with the Culinary Staff.**

<b>Meeting Date &amp; Time:</b>	
<b>Members Present:</b>	
<b>Service Timeline:</b>	
<b>Menu Information:</b>	
<b>Service Type:</b> <input type="checkbox"/> Banquet <input type="checkbox"/> Buffet <input type="checkbox"/> Traditional	<b>Price Per Guest:</b>  <b>Budget for Event:</b>



### Requests:

<input type="checkbox"/> <b>Audiovisual Remote</b>  <input type="checkbox"/> <b>Door Prize</b> Cost: _____ Theme: _____  <input type="checkbox"/> <b>Linens</b> Tablecloth Colors: _____ Napkin Colors: _____  <input type="checkbox"/> <b>Music</b> Genre: _____	<b>Centerpieces</b> <input type="checkbox"/> Real Flowers <input type="checkbox"/> In-stock Artificial <input type="checkbox"/> Candles (cannot be lit) <input type="checkbox"/> Other: _____  <b>Miscellaneous</b> <input type="checkbox"/> Podium <input type="checkbox"/> Projector <input type="checkbox"/> Other: _____ _____
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### Floor Plan:

<b>Head Table:</b>	Y / N	# of people:
<b>Number of People Per Table:</b>		
<b>Display Table:</b>	Y / N	# of tables: Location:
<b>Awards Table:</b>	Y / N	# of tables: Location:
<b>Other:</b>		
<b>Other:</b>		

### Reminders:

- Final guest count is required by 5 p.m. 1 week prior to the scheduled event date. The billing will be based on this number or the actual guest count if greater (*it should not exceed more than 10% of estimated count*).
- No outside food or drink may be brought in for the event.
- We request the event ends before 1 p.m. to allow the culinary students cleaning time before their next class.

### Notification and Approval:

Food, Nutrition, & Hospitality Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Chef Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
Operations Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

### O.M. Checklist:

Planning meeting scheduled: \_\_\_\_\_  
Remote deposit received: \_\_\_\_\_; refunded: \_\_\_\_\_  
Signed copies sent to requestor: \_\_\_\_\_  
Final guest count receipt date & time: \_\_\_\_\_  
Event billing completed: \_\_\_\_\_  
JE completed: \_\_\_\_\_