

Culinary Service Request Form

Facilitator:		Date Submitted:
Culinary Manager	GAIL MATTHEWS	
Fellowship Director	Venita Wesley	
Person Requesting		
Contact Number		
Ministry		
Event Description		
Event Date		
Event Time		
Room Requested		
No. of Guest		
Event Location: Fellowship Hall	<input type="checkbox"/> In House <input type="checkbox"/> Away _____ (Location)	
Time Food Is To Be Served		
Special Instructions:		

*** Please submit at least 2 weeks in advance of event ***

Approved

Denied

Fellowship Director

Culinary Manager



Greater Shiloh
MISSIONARY BAPTIST CHURCH

Dr. Michael W. Wesley Sr., Pastor

Revised 9-1-2020