

🍏 ASD No. 5 Catering Request 🍏

1 Please fill out all sections, make a copy and send original to Food Services, Attn: Jaime Matisons

You will be contacted to confirm your request.

★ WE PREFER “2 WEEKS NOTICE” FOR ALL CATERING NEEDS ★

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•Event Details•

| | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Event Name: | Today's Date: |
| Building Location: | Event Date: |
| Headcount: If you are waiting on RSVP's, a final headcount will be provided to Jaime @ x2256 by _____. | Event Start Time: Food Set Up Time: Event End Time: |
| Contact Name: Title: Work Phone: Cell (optional): Email: | Method of Payment: <input type="checkbox"/> Bill Me – Mailing Address: _____ <input type="checkbox"/> Budget Transfer Acct. Code: <u> # </u> _____ Signature: _____ |

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•Catering Needs•

(Please see reverse side for menu options and details – be specific in your request)

| | |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Food Items Requested: | Other Items Requested: <input type="checkbox"/> I would like napkins - \$0.10 per person Color preference: _____ <input type="checkbox"/> I would like cups - \$0.25 per person <input type="checkbox"/> paper <input type="checkbox"/> plastic <input type="checkbox"/> I would like silverware - \$0.25 per person <input type="checkbox"/> forks <input type="checkbox"/> spoons <input type="checkbox"/> knives <input type="checkbox"/> I would like 7" paper plates - \$0.25 per person Color preference: _____ <input type="checkbox"/> I would like plastic table cloths - (circle one) \$3.00 rectangle _____ # tables OR \$5.00 round: _____ # tables Color preference: _____ |
| | TOTAL: |

Catering Contacts:

Jaime Matisons – Food Service Supervisor x2256; jmatisons@asd5.org
 Jennifer Lytle – Catering @ AHS: x2090; jlytle@asd5.org

Kim Hagara – Food Service Secretary x2198

Food Service Use Only

Notes:

Date/Copies Sent to Catering Staff:

Pick Up Location:

Pick Up Time:

Delivered By:

Date Confirmed:

Date Billed:

ASD No. 5 Food Services Catering

A la Carte:

| | |
|------------------------------------------------------------------------------|-------------------|
| Meat & Cheese Tray | \$40.00 Serves 20 |
| Assortment of Meats and Cheese, Crackers included | |
| Fruit or Veggie Tray | \$36.00 Serves 20 |
| Assortment of Fresh Fruits or Vegetables and Dip | |
| Wrap Sandwich Tray | \$40.00 Serves 12 |
| Your choice of Ham, Turkey, Turkey Salad, Chicken Salad or Veggie | |
| Side Salads | \$40.00 Serves 20 |
| Macaroni, Potato, Caesar, Green Salad, Fruit Salad, Coleslaw, or Pasta Salad | |
| Chips & Salsa | \$15.00 Serves 20 |
| Fruit & Granola Parfaits | \$4.00 each |
| Snack Assortment | \$0.75 each |
| Meeting Snack Basket | \$20.00 Serves 20 |

We are happy to create a menu specific to your event.

Entrees:

| | |
|------------------------------------------------------------|-------------------------------------------|
| Continental Breakfast | \$3.50 per person |
| Pastry Assortment, Fruit, Beverage & Coffee/Tea Service | |
| Breakfast* | \$5.00 per person |
| Lunch* | \$7.00 per person |
| Dinner* | \$9.00 per person |
| *Beverage included with Breakfast, Lunch, and Dinner Menus | |
| Casseroles | \$30.00 Serves 25 |
| Specialty Box Lunch | \$7.00 in district/\$8.00 out of district |
| Field Trip Sack Lunch | \$2.75 secondary/\$2.65 elementary |

Desserts & Baked Goods:

| | |
|------------------------------------------|--------------------|
| Cookie Assortment | \$5.00 dozen |
| Brownies | \$6.00 dozen |
| Breakfast Pastries | \$9.00 dozen |
| Cinnamon Rolls (Wednesday's Only) | \$12.00 dozen |
| Bakery Cakes | \$16.00 sheet cake |

Beverages:

| | |
|----------------------------------------------------|-------------------------|
| Cold Beverages | \$1.50 each |
| Bottled Water (16 oz) and Large Juice (Dole 16 oz) | |
| Milk (8 oz) or Small Juice (4 oz) | \$0.50 each |
| Coffee Service Includes Cream, Sugar & Cups | \$5.00 serves 10 |
| Punch Bowl w/ Cups | \$15.00 serves 15 (8oz) |

Ordering:

All orders can be arranged by:

- Filling out the enclosed "Catering Request Order Form" and sending it to Food Services.
- You will be contacted to confirm your request.
- **A 2 week notice is requested for all orders.**
- Minimum order is \$25.00
- For questions – Please call the Aberdeen School District Food Services Office at 538-2198 or email jmatisons@asd5.org.



Delivery & Billing:

- Customers are responsible for their own set-up & cleanup unless other arrangements have been made.
- Delivery fees may apply.
- All billing will reflect the head count given prior to the event or the number of attendees, whichever is higher.
- An invoice will be sent to you upon completion of the event/order.
- A 10% service charge will be applied for "item only" orders through Food Services from FSA (Food Services of America). You must be a district employee purchasing for school building purpose.

Order Form on back...



Aberdeen School District – Food Services & Catering

900 Cleveland Street, Aberdeen, WA 98520 Phone: 360.538.2198 Fax: 360.538.2254

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