



St. John Regional Catholic School
Event Coordination Planner

Mrs. Smith, principal, must approve all events. Please submit this form to her office and upon her approval, it will be forwarded to Jim Ulmer.

From: _____

Event: _____

Contact for Event: _____ Contact #: _____

Date of Event: _____ Time of Event: _____

Area of Event: _____

(McElroy A – Cafeteria, McElroy B – Gymnasium, Media Center)

Set up Details:

Will the Kitchen be used? _____

If yes, what equipment will be used?

Stove: _____ Oven: _____ Convection Oven: _____

Warming Oven: _____ Steam Tables: _____

Walk-in Refrigerator: _____ Walk-in Freezer: _____

Other equipment please specify (pots, trays, utensils, cheese warmer etc.):

Will there be any children working in the kitchen? If yes, in what capacity?

Please note that children ARE NOT permitted to operate equipment.

Who will be the adult supervising the children? _____

Name of adult responsible for use of kitchen equipment? _____

Contact #: _____