

RTBC KITCHEN REQUEST

Ministry Name or Group: _____

Ministry Contact Name: _____ Phone Number: _____

Email: _____ Cell Phone: _____

Date: _____ Time: _____

Name of person certified to use the kitchen (must be present during event): _____

KITCHEN USE: Food Preparation Cooking Storage

EQUIPMENT YOU WILL BE USING:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Hot Trays One Side | <input type="checkbox"/> Coffee Post | <input type="checkbox"/> Buffet Trays with Fuel
Cans # _____ |
| <input type="checkbox"/> Freezer | <input type="checkbox"/> Dish Washer | <input type="checkbox"/> Commercial Fryer | <input type="checkbox"/> Lemonade Dispensers |
| <input type="checkbox"/> Gas Range/Burners | <input type="checkbox"/> Pots | <input type="checkbox"/> Toasters | <input type="checkbox"/> Ice Tea Dispensers |
| <input type="checkbox"/> Gas Stove | <input type="checkbox"/> Frying Pans | <input type="checkbox"/> Microwave | |
| <input type="checkbox"/> Convection Over | <input type="checkbox"/> Cooking Trays | <input type="checkbox"/> Blenders | |
| <input type="checkbox"/> Food Warmer # 1 | <input type="checkbox"/> Cooking Utensils | <input type="checkbox"/> Food Spices | |
| <input type="checkbox"/> Food Warmer # 2 | <input type="checkbox"/> Serving Trays | <input type="checkbox"/> Large Crock Pots | |
| <input type="checkbox"/> Hot Trays/Both Sides | <input type="checkbox"/> Pitchers | <input type="checkbox"/> Small Crock Pots | |

Round White Table Cloths How Many: _____

Plastic Table Cloths How Many: _____

Rectangular White Cotton Table Cloths How Many: _____

Cloth Napkins: How Many: _____

Paper/Plastic Supplies

Salad Bar and containers (Requires Approval)

Approved by: _____ Date: _____

ITEMS TO STORE IN REFRIGERATOR: (Identify Below)

ITEMS TO STORE IN FREEZER: (Identify Below)