



Created: March 23, 2024

Special Function Request

School: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Group or Grade: \_\_\_\_\_

Name of Person Requesting Service: \_\_\_\_\_

Type of Service Requested: \_\_\_\_\_

Time of Day Service is Requested: \_\_\_\_\_

Number of Servings - Students: \_\_\_\_\_ Adults: \_\_\_\_\_ Total: \_\_\_\_\_

What Foods Are You Requesting? \_\_\_\_\_

How Will This Be Paid? \_\_\_\_\_

Complete and send to:

Krystal Lott  
Director of Child Nutrition  
[klott2@pcsdms.us](mailto:klott2@pcsdms.us)  
(601) 964-3699

Request should be made as far in advance as possible, a minimum of three weeks is needed to order and obtain food and supplies.

\_\_\_\_\_  
Signature of Person Requesting the Special Function

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Child Nutrition

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Signature of Cafeteria Manager

\_\_\_\_\_  
Date Received

\*This form is not complete or approved until all three signatures are present.