

Venus ISD Cafeteria Usage Form and Agreement

Revised 10/23/2017

Facility to Be Used: _____

Event Being Held: _____

Date(s) of Event: _____

Name of Organization Using Kitchen: _____

Contact Name: _____ Contact Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternate Contact Name: _____ Contact Number: _____

Rate Charge per Use
(None at this time)

Note: The Child Nutrition Department is not responsible for any damages or accidents. Any organization that fails to comply with the regulations will not be able to use the cafeteria in the future. By signing this form you are stating that you have been through the cafeteria training process and that you agree to meet all compliance.

Signature of Requestor: _____

Date: _____

Signature of Cafeteria Manager: _____

Date: _____