

FOOD

Food Coordinator: _____

Contact information: _____

What	Specifics	Who
<input type="checkbox"/> Snacks	_____	_____
<input type="checkbox"/> Meal	_____	_____
<input type="checkbox"/> Drinks	_____	_____
<input type="checkbox"/> Plates	_____	_____
<input type="checkbox"/> Napkins	_____	_____
<input type="checkbox"/> Cups	_____	_____
<input type="checkbox"/> Plastic ware	_____	_____
<input type="checkbox"/> Bowls	_____	_____
<input type="checkbox"/> Other	_____	_____

How many people are being fed? _____

Time food is to be delivered: _____

Location of where food is to be delivered: _____

Who is setting up food? _____

Who is serving food? _____

Who is cleaning up food? _____

Who is going to write thank you notes to volunteers who provided/helped with food?

Thank you notes mailed (can be mailed from church) by: _____

Other notes: _____
