

# Cajon Valley Union School District

## Child Nutrition Catering Request Form

**Office Use Only**

Invoice: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_  
Adult \_\_\_\_\_ Student \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Name & School/Dept: \_\_\_\_\_

Date of Event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Day of Week: \_\_\_\_\_

**Note: Catering Request Form must be submitted at least 7 working days prior to the event.**

Time of Event: Beginning: \_\_\_\_\_ End: \_\_\_\_\_

Place of Event: (Specific Directions) \_\_\_\_\_

Name of Event: \_\_\_\_\_

Number of Servings for Adults: \_\_\_\_\_ Students: \_\_\_\_\_

Item: \_\_\_\_\_

Item: \_\_\_\_\_

Item: \_\_\_\_\_

Item: \_\_\_\_\_

Item: \_\_\_\_\_

Item: \_\_\_\_\_

Special Requests: (The more specific your request, the better we can serve you)

**Cancellations must be received 3 business days prior to the event to not incur full charge.**

Please email this Catering Request Form to [catering@cajonvalley.net](mailto:catering@cajonvalley.net).  
Please call 619-588-3112 for any questions.