Cajon Valley Union School District Child Nutrition Catering Services Order Form

Contact Person: Nar	ne	Phone#		Adult Event: Student Event:
Billing Name & Add	ress:			
Date of Event:				
Note: Please be awar	e that we need at leas	t 7 days notice prio	or to the eve	ent.
Time of Event:	Beginning:		End:	
Place of Event: (Spe	ecific Directions)			
Description of Event	:			
Number of Servings	:			
Item:				
Item:				

Office Use Only

Invoice: _____

Date Called:

*Cancellations must be received 3 business days prior to event in order to not incur full charge

Please email all catering requests to catering@cajonvalley.net. Please call 619-588-3112 for any questions.

^{*}Special Requests (The more specific your requests, the better we can serve you).