

⇒ **Form must be completed and submitted to:**

Maureen Sanborn, School Nutrition Director (Telephone 626-2468 Ext.#1142)
Cony High School, 60 Pierce Drive, Augusta, ME 04330
* (May be dropped off, mailed, or faxed to #626-2444)

KITCHEN ACCESS REQUEST FORM

School: _____ Date Needed: _____

Time Kitchen Needed: From _____ am/pm To _____ am/pm

➤A \$40/hr.(2 hr. minimum) fee will be charged to cover costs of having a School Nutrition employee on duty.

Event/Organization: _____

Name of Person Requesting Access: _____

Please Print Clearly

Title: _____ Phone: (H) _____ (W) _____

Mailing Address: _____

****IMPORTANT – PLEASE READ:** The person signing below agrees to be responsible for payment of hourly charges as stated above. A bill will be sent immediately following the event to the mailing address provided above.

Signature (of person above): _____

Please sign

FOR OFFICE USE ONLY

Approved

Not Approved

Maureen Sanborn (signature required)
Director, Augusta School Nutrition Program

CC:

- Building Principal
- Kitchen Manager
- John Pucciarelli

Additional Comments: