

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

Maureen Thompson, School Nutrition Director, Telephone 626-2468 Ext.#1142)
40 Pierce Drive, Augusta, ME 04330
maureen.thompson@augustaschools.org

KITCHEN ACCESS REQUEST FORM

School: _____

Date Needed: _____

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

➤ *A \$45/hr (2 hr. minimum) fee will be charged per employee to cover costs of having School Nutrition staff on duty from start to finish. Approval is also based on availability of SNP Staff to cover the event.*

REASON KITCHEN NEEDED: _____

Event: _____

Number of people expected: _____

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 Thompson (signature required)
Director, Augusta School Nutrition Program

cc:

- Building Principal
- Kitchen Manager
- Jon Stonier

Additional Comments: