

# GCRL Dining Hall Reservation Form

Date of Request: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Date(s) Services needed: \_\_\_\_\_

Services Needed: \_\_\_\_\_

Group Name: \_\_\_\_\_

City & State Where Group is From: \_\_\_\_\_

Ages:  Elementary  Middle School  High School  Adult

Group Contact Person: \_\_\_\_\_

Contact Person Cell Phone #: \_\_\_\_\_

Day of Week	Breakfast- 7 a.m.	Lunch-12 noon	Dinner- p.m.

Special Request (Dietary Restrictions)

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\*All custom catering to be contracted 14 days in advance. Any changes needed must be on change order form.