

REQUEST FOR PAPER PRODUCTS

MINISTRY NAME _____
REQUESTED BY _____
DATE REQUESTED _____
EVENT _____
DATE OF EVENT _____
LOCATION _____
ANTICIPATED NUMBER OF GUESTS _____

ITEM	REQUESTED	PACKED	COMMENTS
PLATES			
6" Dessert Plate			
9" Plate			
10" Compartment Plate			
12 oz. Bowl			
CUPS			
8 oz. Styrofoam Cup (Hot)			
9 oz. Punch Cup (Cold)			
12 oz. Beverage Cup (Cold)			
CUTLERY			
Knife			
Fork			
Spoon			
NAPKINS			
White			
Color <i>(Please specify)</i>			
TABLE COVERS			
White Round			
White Rectangular			
Color - Round <i>(Please specify)</i>			
Color - Rectangular <i>(Please specify)</i>			

**ALL REQUESTS MUST BE SUBMITTED TO CHURCH OFFICE
 A MINIMUM OF TWO WEEKS IN ADVANCE**