

ST. MICHAEL KITCHEN USE FORM

To be completed if requesting use of the Kitchen.

1. Designate one "point person" to be responsible for proper procedures.
2. Have that "point person" identify themselves to the church's Facility Manager.
3. The "point person" must complete the Kitchen Check List form attached to make sure proper procedures are followed and the kitchen is ready for another group.
4. Once the event is over, the "point person" must sign off on this Check List form, INDICATING THAT ALL ITEMS HAVE BEEN COMPLETED.
5. The Check List form must be returned to the church office.

OUR GROUP'S "KITCHEN POINT PERSON": _____

Home Phone : _____ Cell Phone: _____ Email: _____

If the kitchen is to be used for the serving of food, St. Michael Lutheran Church must be given a certificate of insurance naming the church as additionally insured in the amount of \$1,000,000. This certificate must be received by the church prior to any use of the kitchen. Outside caterers must be approved by the Facilities Manager and must be certified by the Chester County Board of Health.

Signed

Group Name

Date