



Request for Feed

Please take a moment to fill out the following information to help us better serve your group and be as prepared as possible. We appreciate any extra information you are able to provide.

Name of Event: _____

Date of Event: _____

Time of Event (time you want the meal served): _____

Contact Name: _____

Contact Phone: _____

Email: _____

Will this individual be on site day of event? *(Please circle one)* YES NO

If not who will the on-site contact be? *(Please provide name, email and cell phone number)* _____

Venue Logistics:

Location of Event: *(please include city, state and venue location):* _____

Is the event to be held inside or outside (please circle one)

Inside

Outside

Special Venue Notes: _____

Is there power onsite available for our trailers to be connected to either over night or day of? (please circle one) YES NO

If so do we need to contact someone ahead of time to make sure power boxes are unlocked and available when we arrive to cook? (please circle one) YES NO

- Contact name: _____
- Phone Number: _____

Will there be other things going on at the venue prior to our arrival that we need to be aware of? If so what? _____

Event Logistics:

How many people do you expect to feed that day (not have in attendance but actually feed)? _____

Please note: We request a final food count at least 7 working days prior to your event when possible. This helps to ensure that we provide the best meal possible while still being able to maintain the ability and finances to continue to provide meals for other military groups.

Of those individuals in attendance please give us a number breakdown:

Adult Male (age 15 and older): _____

Adult Female (age 15 and older): _____

Children (age 14 and younger): _____

Is there any sort of program combined with the meal? *(please circle one)*

YES

NO

If so, when do you see the meal taking place? *(please check)*

___ Program before the meal, meal served and individuals are free to leave event

___ Program during the meal

___ Meal, then program and individuals will stay following

Please include any other pertinent information below pertaining to the event that will help us to better understand the group we are serving and what to expect:

Thank you.

*Please return the completed form by email to info@operationbbqmw.org.
If you need to mail the form please contact (402) 709-0152 for mailing instructions.*