

KITCHEN RENTAL AGREEMENT

ORGANIZATION NAME	LESSOR: GREEN BAY AREA PUBLIC SCHOOL DISTRICT FACILITIES DEPARTMENT P.O. BOX 23387 GREEN BAY, WI 54305	
BILL TO NAME AND ADDRESS:	LESSEE CONTACT PERSON:	
	CONTACT PERSON TELEPHONE: HOME PHONE WORK PHONE	
LOCATION OF EVENT	EVENT TITLE & DATE	
TIME KITCHEN IS TO BE USED: FROM: TO:	TIME OF PROGRAM FROM: TO:	
KITCHEN EQUIPMENT REQUESTED		
FOOD TO BE PREPARED		
SPECIAL ARRANGEMENTS TO BE DISCUSSED WITH FOOD SERVICE DIRECTOR Call 391-2565 if you have any questions.		
Additional Information:		
I HAVE READ AND AGREE TO FOLLOW THE KITCHEN POLICIES AND "COOKING FOR GROUPS" BOOKLET.		
_____ LESSEE SIGNATURE	_____ FOOD SERVICE DIRECTOR	
_____ DATE	_____ DATE	