



# ROCKWALL INDEPENDENT SCHOOL DISTRICT

## Kitchen Usage Form

Department of Child Nutrition  
1050 Williams Street  
Rockwall, Texas 75087  
(972) 771-8201

Date of event: \_\_\_\_\_

Time needed in kitchen: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Billing address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Place of event (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Amanda Rochell Elementary School              | <input type="checkbox"/> Ouida Springer Elementary School     |
| <input type="checkbox"/> Amy Parks – Heath Elementary School           | <input type="checkbox"/> Sharon Shannon Elementary School     |
| <input type="checkbox"/> Celia Hays Elementary School                  | <input type="checkbox"/> Virginia Reinhardt Elementary School |
| <input type="checkbox"/> Doris Cullins – Lake Pointe Elementary School | <input type="checkbox"/> Herman E. Utley Middle School        |
| <input type="checkbox"/> Dorothy Smith Pullen Elementary School        | <input type="checkbox"/> J.W. Williams Middle School          |
| <input type="checkbox"/> Dorris A. Jones Elementary School             | <input type="checkbox"/> Maurine Cain Middle School           |
| <input type="checkbox"/> Grace Hartman Elementary School               | <input type="checkbox"/> Rockwall High School                 |
| <input type="checkbox"/> Howard Dobbs Elementary School                | <input type="checkbox"/> Rockwall – Heath High School         |
| <input type="checkbox"/> Nebbie Williams Elementary School             | <input type="checkbox"/> Rockwall Quest Academy               |

Equipment needed (please check items requested):

Prior approval must be received from the Director of Child Nutrition for the use of any food preparation or holding equipment. The mixer, slicer, and lunch trays are **not** available for use.

- |   |  |
|---|--|
| <input type="checkbox"/> Coffee urn   | <input type="checkbox"/> Serving utensils    |
| <input type="checkbox"/> Dish machine   | <input type="checkbox"/> Steam serving table |
| <input type="checkbox"/> Pots/Pans  | <input type="checkbox"/> Steamer             |
| <input type="checkbox"/> Refrigerator (items may <b>not</b> be stored in advance) | <input type="checkbox"/> Stove/Oven          |
| <input type="checkbox"/> Linens   | <input type="checkbox"/> Ice                 |

The above-named organization will be responsible for any missing or damaged items or equipment, and for additional labor required for cleanup to meet local sanitation codes.

**Applicable charges will be assessed for kitchen and equipment use.** Any questions or concerns should be directed to the Child Nutrition Office at (972) 771-8201.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_