



Wichita Falls ISD/ Chartwells Catering Request Form

(Please email completed form to crrichardson@wfid.net and CC ekincaid@wfid.net)

Contact Information

Name: _____ School/Department: _____

Phone Number: _____ Email Address: _____

Event Information

Date: _____ Time: _____ Location: _____

Number of People: _____ Estimated Budget: _____

Service Requested (Check All That Apply)

- Breakfast
- Lunch
- Dinner
- Snack

Event Type (Check One)

- Catering
- Field Day
- Athletic Event
- PTA Event
- Food Truck
- Field Trip

Additional Comments/Requests:

FOR OFFICE USE ONLY

Total Catering Cost: _____ Invoice Number: _____