

**Verdant Community Wellness Center**

**Demonstration Kitchen Facility Request Form (WC 200) accompany a Facility Request Form (WC 100)**

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| EVENT DATE: | |  | | | | | |  | | | TODAY’S DATE: | | |  | |
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| APPLICANT/ORGANIZATION: | | | | | |  | | | | | | | | | |
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| EVENT CONTACT: | | | |  | | | | | | | | | | | |
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| EMAIL: |  | | | | | | | | | PHONE: | |  | | | |
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| EVENT NAME: | | |  | | | | | | | | | | | | |
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| EVENT PURPOSE/DESCRIPTION: | | | | | | |  | | | | | | | | |
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| TARGET AUDIENCE: | | | | |  | | | | | | | | | | |
| INSTRUCTOR: | |  | | | | | | | QUALIFICATIONS: | | | |  | | |
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| BRIEFLY DESCRIBE THE FOOD PRODUCT(S) YOU PLAN TO PREPARE IN THE DEMO KITCHEN: | | | | | | | | | | | | | | |  |
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| DO YOU PLAN TO HAVE AUDIENCE PARTICIPATION? Yes  No  If yes, describe how they will be involved: | | | | | | | | | | | | | | | |
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| WHAT EQUIPMENT WILL YOU REQUIRE TO PREPARE YOUR FOOD/S? (see Attachment 4 for a list of kitchen supplies) | | | | | | | | | | | | | | | |
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Fees listed in the WC 100 form will apply to kitchen use, including damage deposits and the requirement to have liability insurance coverage.