

**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: |   |
|  |
| APPLICANT/ORGANIZATION: |   |
|  |
| EVENT CONTACT: |   |
|  |
| EMAIL: |   | PHONE:  |   |
|  |
| EVENT NAME: |   |
|  |
| EVENT PURPOSE/DESCRIPTION: |   |
|  |
|  |
|  |
| 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.