

SNACK – BEVERAGE – COMMUNION ORDER FORM

Group Name: _____ Dates Here: _____



Communion?	
Check one: <input type="checkbox"/> Wafers or <input type="checkbox"/> Loaf <input type="checkbox"/> Individual Cups or <input type="checkbox"/> Chalice	Date & Time:
Location:	

Using the *SPECIALTY FOOD LIST*, complete this order form and return it to us 2 weeks prior to your retreat.

Food Item	Quantity	Cost per Unit	Total Cost	Location	Day	Time
<i>Total Cost</i>						