Prince Georges County Public Schools Concessions Request Form
SY 2008-2009

School: ________________________ Organization: ________________________

Event: _______________ Facility Type: (select one)

Date: _______________

Approximate Audience Size:__________________

Type of Concessions Requested: (select one)

○ Pre-packaged (purchased food, cafeteria prepared, etc.)

○ On-site (cooking or grilling outdoors)

○ Contracted Vendor

Name of Certified Food Handler in charge of Concessions: _______________

Name of Vendor or Person in charge of Concessions: _________________________

If a Vendor, are they approved by PGCPS? ○ Yes ○ No

Submitted by: _______________________________________________ Date:

☐ Approved ☐ Disapproved

Principal’s Signature: ___________________________________________ Date:

I have read A.P. 3701 and corresponding checklists and agree to comply with the procedures and checklist.

Submitter Sign and Date: ___________________________________________