KAMEHAMEHA SCHOOLS MAUI Food Service Request

o be comple		— :				
Date of Event:		Time:				
Event/Funct	tion:			Contact phone	:	
	ested (please provid					
Count:		I	,			
Food:						
Supplies:						
_ Other:						
Delivery:	Please deliver to		by	am/pm (Subject	t to additional charge	s for labor)
Pick-up:			Oj Dining Hall on date		-	
				a	l	am/pm
illing and Pa	ayment Informati	on - Payment wi	ll be made by:			
illing and Pa	ayment Information ease send invoice to	on - Payment wi	ll be made by:	Address	Phone	Fax
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