

St. John Valley Technology Center
431 US Route 1, P.O. Box 509
Frenchville, ME 04745
Telephone # (207)543-6606 Fax # (207)543-6115
e-mail: sjvtc@msad33.net

CULINARY ARTS FUNCTION AGREEMENT

All work performed on instructional projects is conducted by the students as an applied learning experience. All instructional projects shall meet the educational requirements of the approved program curriculum.

SJVTC RESERVES THE RIGHT TO ACCEPT OR REJECT ANY PROJECT REQUEST.

ORGANIZATION: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATE OF REQUEST:\* \_\_\_/\_\_\_/\_\_\_ DATE OF FUNCTION: \_\_\_/\_\_\_/\_\_\_ TIME OF FUNCTION \_\_\_\_\_

NUMBER OF PEOPLE: \_\_\_\_\_ FUNCTION COST NOT TO EXCEED:\$ \_\_\_\_\_
(Must be Confirmed 5 days before function)

Function - Circle Appropriate

Breakfast, Lunch, Dinner, Reception, Coffee, Tea, Other

Table with 2 columns: Food Requested, Cost. Includes a TOTAL row at the bottom.

Total Cost of food & materials \$ \_\_\_\_\_

AGREEMENT: I, the undersigned, hereby agree to indemnify and hold harmless the MSAD #33 Board of Directors and any agents, officers, or employees thereof, against any courses of action, claims of damages, theft, or injuries arising out of, or in any way connected with the learning experience involved.

Payment in full is required before the instructional project is released.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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For Office Use Only

Competency duties and tasks met by completing project \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Project Start Date \_\_\_/\_\_\_/\_\_\_ Project Completion Date \_\_\_/\_\_\_/\_\_\_

Instructor Approval \_\_\_\_\_ Director Approval (over \$50.00) \_\_\_\_\_

MSAD #33 Superintendent of Schools Approval (over \$150.00) \_\_\_\_\_