School Potluck Sign Up Sheet

School: _____ Date: _____

Class/Group: _____ Time: _____

Teacher or Organizer: _____ Room/Location: _____

Event Name: _____ Contact: _____

Allergy Awareness: Please include common ingredients and avoid nuts when possible. Thank you for helping keep everyone safe!

Student or Family Name	Food or Supply Item	Category (Main Dish, Side, Dessert, Drink, Supplies, etc.)	Serves (Approx. Number of People)	Allergy Notes (List key ingredients)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Volunteer Help

Setup (Before the event)	Name: _____	Phone/Email: _____
Serving (During the event)	Name: _____	Phone/Email: _____
Cleanup (After the event)	Name: _____	Phone/Email: _____