2021-2022 Field Trip Meal Request Form

Due to Cafeteria Manager no later than 2 weeks prior to date of Field Trip

*Date Request Received: *(to be completed by Cafeteria M	
School Site:	Date of Trip:
Contact Person:	Destination:
Grade Level(s):	
Number of Students:	Number of Adults: (School System employees only)
Requested Date & Time of Meal Pick Up from Cafeteria Manager by Contact Person:	
allergies, food textures, etc)? Ci	s required for students or staff who are attending field trip (foor rcle response. s AND name of student or staff member:
School Staff/Contact Signature: _	
Cafeteria Manager Signature:	
2021 Field Trip Meal for Prek-	<u>12:</u>
* Cold Pack Items Roo	om Temp Items (may pack in boxes)
*PBJ Sandwich	Chips
1	Crackers or Cookies or Rice Krispy Treats
*String Cheese	Paper tray for meal service
*Fresh fruit	Wrapped napkin and utensils
*6 oz juice	MEAL SERVICE COUNT FORM

*Unflavored milk

TO BE COMPLETED BY FIELD TRIP STAFF &

RETURNED IN A TIMELY MANNER TO

CAFETERIA MANAGER