

FIELD TRIP SACK LUNCH REQUEST FORM



Please complete and send to Food Services AT LEAST **two weeks** prior to field trip date.
(*Accommodation not guaranteed for requests made less than 1 week ahead of the trip**)

TEACHER(S): _____
GRADE(S): _____
SCHOOL: _____

DATE OF FIELD TRIP:	FIELD TRIP DESTINATION:	TOTAL # LUNCHES: <small>Include Regular Meals, Allergy Meals, and Adult Meals</small>	PICKUP TIME:
DATE SUBMITTED TO FOOD SERVICES:			___/___/___

	STUDENT NAME	ID #		STUDENT NAME	ID #
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

***** MEALS FOR STUDENTS WITH ALLERGIES *****

List student name and indicate allergen(s) below:

STUDENT NAME	ALLERGEN(S) - Select all that apply
1.	<input type="checkbox"/> Peanuts <input type="checkbox"/> Dairy <input type="checkbox"/> Wheat <input type="checkbox"/> Soy <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Egg <input type="checkbox"/> Other: _____
2.	<input type="checkbox"/> Peanuts <input type="checkbox"/> Dairy <input type="checkbox"/> Wheat <input type="checkbox"/> Soy <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Egg <input type="checkbox"/> Other: _____
3.	<input type="checkbox"/> Peanuts <input type="checkbox"/> Dairy <input type="checkbox"/> Wheat <input type="checkbox"/> Soy <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Egg <input type="checkbox"/> Other: _____
4.	<input type="checkbox"/> Peanuts <input type="checkbox"/> Dairy <input type="checkbox"/> Wheat <input type="checkbox"/> Soy <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Egg <input type="checkbox"/> Other: _____

ADULT FIELD TRIP MEALS:

Complete this section only if you are requesting lunches for parents/teachers/chaperones

ADULT MEAL PRICE: \$4.00	# OF ADULT MEALS REQUESTED:
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Send this form to Lindsay Harrod at CUHS
via district mail or electronically at
lharrod@coastusd.org Cafeteria Phone:
805-924-2922