



## PIZZA LUNCH PARTY REQUEST



Present date: \_\_\_\_\_

Date of Party: \_\_\_\_\_

Lunch Time: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Please scan the completed form to Leilla Cady, Nutrition Secretary  
@leilla.cady@winona.k12.mn.us Please allow 5 work days advance notice.

Number of pizzas (8 large slices per pizza)

\_\_\_\_\_ Cheese

\_\_\_\_\_ Pepperoni

The pizzas will be delivered to your school. Please have someone pick up the pizzas with fruit/veggies & milk from your school kitchen.