

**Fabens Independent School District  
Food Service  
SACK LUNCH/FIELD TRIP REQUEST**

Date \_\_\_\_\_

**A sack lunch meal is requested for the following:**

Date of Trip \_\_\_\_\_ Destination \_\_\_\_\_

Name of Group to be Fed \_\_\_\_\_

Name(s) of Adult Sponsor \_\_\_\_\_

Number to be Fed \_\_\_\_\_

Type of Meal (Check One)

Breakfast

Lunch

Dinner

Trip Depart Time \_\_\_\_\_

Food Pick-up Time \_\_\_\_\_

Purpose of Trip \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have special requests, Please check choices**

**Sandwiches**

Ham & Cheese  
Ham  
Bologna & Cheese  
Peanut Butter

Cookies  
Fruit

**Drinks**

Fruit Juice  
Chocolate Milk  
Milk  
Water

**Only one choice of main entree'**

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Principal

**NOTE**

**Submit all approved requests to your cafeteria manager 2 WEEKS in advance.  
It is your responsibility to confirm your request with the cafeteria manager  
2 DAYS PRIOR TO TRIP**

**ALL CONTAINERS / ICE CHESTS  
issued must be returned to cafeteria manager upon return of trip.**

Number of Containers issued to: \_\_\_\_\_