



Nutrition and Wellness Services

Fundraising & Competitive Foods Approval Form 2024 - 2025

***Please attach nutrition facts for each food/beverage to be reviewed for approval. If the nutrition facts are not attached, the items will not be approved.**

School: _____

Submitted by (name and title): _____

Submission Date: _____

Location of Event (s): _____

Date of Event(s): _____ One Time Event Recurring Event

Time of Event(s): _____ Type of Event(s): _____

Sold by: Parents Students

Type of Product: Food Beverage Both

Items for Review

Item #1: _____
Size/Quantity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason: _____

Item #2: _____
Size/Quantity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason: _____

Item #3: _____
Size/Quantity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason: _____

Item #4: _____		
Size/Quantity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason:		

Item #5: _____		
Size/Quantity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason:		

Item #6: _____		
Size/Quantity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason:		

Item #7: _____		
Size/Quantity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason:		

Item #8: _____		
Size/Quantity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason:		

Comments:

Submit form to:
 Nutrition and Wellness Services
 Attn: Lissette Rooney
lissette_rooney@lawndalesd.net
 Ext. 50048

For Nutrition and Wellness Services Use Only

Received Date: _____

Received By: _____

Reviewed By: _____

Signature: _____

All Approved

Some Approved

Not Approved