

Student Nutrition Services Request Form

Request(s) must be submitted to the Student Nutrition Services, **at least 10 business days prior to the event.** For questions, please contact the Student Nutrition Services department at (928) 502-4773 or email awhiddon@yumaunion.org.

Name of Organization/School: _____ Event Title: _____

Date(s) of Event: _____ Location of Event: _____

Event Start Time: _____ Event End Time: _____ Pick-up/Delivery Time: _____

Details of Event: _____

Sack Meal Request: Only for educational purposes to include: field trips, student events and/or traveling during regular school hours. Sack Meals are served to ALL YUHSD STUDENTS AT NO COST.

Breakfast*: No cost for students, \$3.00 for adults. Number of Students**: _____

Lunch: No Cost for students, \$5.00 for adults. Number of Adults (parents, staff, etc.): _____

***Breakfast can be provided, if departure is prior to 7:00 a.m.**

****List of student names and ID numbers are required prior to event.**

Afterschool Supper Program Request: Only for organized, structured, and/or supervised programs that are open to all students after the school day ends. No cost for students, For adults for \$5.00 for Supper.

Afterschool Supper Program Number of Students*: _____ Number of Adults (parents, staff, etc.): _____

*** Student sign-in sheet is required.**

Suppers will need to be picked up from cafeteria after 2:30pm.

Facility Request:

Kitchen Freezer* Ice Student Nutrition Services Staff** Other: _____

***Subject to availability and type of food being stored.**

****A minimum of one Student Nutrition Services staff is required for all kitchen uses. Labor fees apply after regular hours.**

Catering Request: Breakfast, Lunch, and Dessert options are available upon request. Please contact department for pricing.

Brownies Assorted Cookies

Other Food/Dessert Requests: _____

Coffee Iced Tea Lemonade Water Bottles

Other Drink Requests: _____ Number of Attendees: _____

***There is a \$25.00 delivery fee for outside school events.** Delivery Fee*

****A cancellation fee may apply for canceled events.** Cancellation Fee**

*****Labor fees will apply for serviced events.** Student Nutrition Staff***

For events after 2:30 pm pick up from kitchen required.

Bill To:

Name: _____ Phone Number: _____

Address: _____ E-mail: _____

Method of Payment/PO Number: _____

Requestor's Name: _____ Phone Number: _____

Requestor's Signature: _____ Date: _____

Administrator/Director's Signature*: _____ Date: _____

**Required for Facility and Catering Requests Only*

Student Nutrition Director's Signature: _____ Date: _____

Approved Denied Resubmit with additional information*

*Reason: _____