

CANUTILLO INDEPENDENT SCHOOL DISTRICT



Child Nutrition Department FIELD TRIP REQUEST FORM



Campus Name: _____

Date of Request: _____

Requestor Name: _____

Title: _____

Email: _____

Telephone: (915) 877- _____

Total Student Lunches Requested: _____ Total Adult Lunches Requested: _____

*Adult Lunch will contain the same 5 meal components served to students. Please pay cafeteria cashier Cost per meal: \$5.00

Field Trip request must be submitted at least 10 days in advance.

Instructions to Cafeteria Staff:

Principal Printed Name: _____

Signature: _____

Received By: _____

(Cafeteria Manager)

Date Received: _____