

## **WOODSBORO ISD**

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## **GROUP MEAL REQUEST**

COACH/SPONSOR:  EVENT:		DATE SUBMITTED:  EVENT DATE:
CHARGE: PER DIEM:	CHECK: CHECK PAYA	BLE TO:
NUMBER OF COACHES/SPONSOF	RS:	
NUMBER OF STUDENTS:		
TTACU DOCTED OD LICT CT	LIDENTO DEL C	NA/-
ATTACH ROSTER OR LIST ST		JVV:
1.	11.	
2.	12.	
<b>3.</b>	13.	
l.	14.	
5.	15.	
).	16.	
·.	17.	
3.	18.	
).	19.	
10.	20.	
DINCIDAL OD ATULETIC DID	FOTOR ARRES	OVAL -
PRINCIPAL OR ATHLETIC DIR	ECTOR APPR	OVAL:
		_DATE: