

Allow 2 weeks advance notice for processing of request.

***SATURDAY MEAL REQUEST**
2024–2025

Breakfast: _____ Snack: _____

***NOTE:** 1) Teachers and/or Coordinators are required to attend training prior to implementation of request.
2) All lines must be completed w/the required information. An incomplete request will delay processing.

Date of Teachers/Coordinators Training: _____

Program Name: _____ Grade/s: _____ # In the Program: _____

Starting Date: _____ Ending Date: _____

Days of Service: _____ Time of Service: am. pm.
(i.e., Sat 8/17, 24, & 31, or Sat 8/17 only, etc.) (indicate bkft or Snack)

Description of Saturday Program:

[illegible]

*Allowable for Academic Programs

****Please submit completed request to campus cafeteria manager.**