

MPSD DEPARTMENT OF CHILD NUTRITION

SACK LUNCH REQUEST

Completed form must be forwarded to the Cafeteria Manager fifteen (15) school days prior to the event.

Late requests may be declined due to insufficient time for food/supply orders.

Sack lunches are prepared one day in advance, therefore, they are not available on Mondays or the day following a holiday.

Sponsor/Contact_____ Event Day and Date_____

Contact Number_____ School_____ Pick-up Time_____

Homeroom Teacher(s) and Grade_____*Total funds collected for Meals_____

Only list the name and cafeteria number of students ordering a sack lunch.
***If any adult meals are requested they must be pre-paid before the pickup date.**

Student Name	Café #	Student Name	Café #
1.		25.	
2.		26.	
3.		27.	
4.		28.	
5.		29.	
6.		30.	
7.		31.	
8.		32.	
9.		33.	
10.		34.	
11.		35.	
12.		36.	
13.		37.	
14.		38.	
15.		39.	
16.		40.	
17.		41.	
18.		**Adult requests for sack lunch-$4.75**	**Café #**
19.		1.	
20.		2.	
21.		3.	
22.		4.	
23.		5.	
24.		6.	