

# FIELD TRIP MEALS

Site/Classroom(s) \_\_\_\_\_ Today's Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Date of Event \_\_\_\_\_ Number of people attending \_\_\_\_\_

**\*Mark which meals are needed**

## **BREAKFAST**

### **Serving per participant**

Fruit

½ cup, varies

Crackers

4 squares

## **LUNCH**

Fruit

¼ cup, varies

Sunbutter

3 T

Bread

½ Slice

Vegetable

¼ cup, varies

## **SNACK**

Fruit

½ cup, varies

Crackers

4 squares

## **PAPER**

Plates

Site provides

5 oz. Cups

Site provides

Napkins

Site provides

Garbage bag

Site provides

Cooler

Site provides

Gloves

Site provides

**Please fax or Email to Food Service two weeks in advance of delivery.**

**Food Office # 275-3700**

**Fax # 298-2588**

**Email [krobinson@reachdane.org](mailto:krobinson@reachdane.org)**