

MERCEDES CHILD NUTRITION SERVICES

FIELD TRIP REQUEST FORM

In order for request to be approved, the department requires 10 working days advance notice. Orders not meeting this timeline will be denied.

Campus: _____

Coordinator/Teacher: _____

Requested Meals: _____

Date of Pick Up: _____

Time of Pick Up: _____

Location Pick Up: _____

Special Diet Accommodations: *List names and their restrictions*

Breakfast Menu or Lunch Menu (*Choose one Menu only*)

BREAKFAST MENU

Whole Grain Banana or Blueberry Muffin

-OR-

Whole Grain Banana Mini Loaf

-With-

Whole Grain Graham Strawberry Cracker

-OR-

Mozzarella Cheese Stick

Assorted Juices

Fresh Fruit

Assorted Milk Flavors

LUNCH MENU

Peanut Butter and Jelly Sandwich

Fresh Broccoli

Fresh Baby Carrots

Celery and Carrot Veggie Dippers

Ranch Dressing

Assorted Juices

Fresh Fruit

Assorted Milk Flavors

BREAKFAST MENU MODIFIED

Peanut Butter and Jelly Sandwich

-With-

Whole Grain Graham Strawberry Cracker

Assorted Juices

Fresh Fruit

Assorted Milk Flavors

Manager Signature: _____

Field Trip Coordinator/Teacher Signature: _____