



Nutrition Services

School Site Competitive Food/ Beverage Request Form

Please fill out and fax to (714) 901-4295 or scan to Stephanie Tovar, Director of Nutrition Services

School Site: _____

Date of Event: _____ Time of Event: _____

Type of Event (check one): Fundraiser Student Sale Classroom Party Other _____

School Official in Charge: _____

Proposed Food(s) or Beverage(s) to be sold or offered to students on the school campus during the school day (from midnight to 30 minutes after school ends):

Item #1: _____

Item #2: _____

Please fill out the Nutrition Facts below for each food or beverage item:

Item #1

Item #2

Nutrition Facts	
Serving Size	<input type="text"/> OZ OR <input type="text"/> g
Servings Per Container	<input type="text"/>
Amount Per Serving	
Calories	<input type="text"/> Calories from Fat <input type="text"/>
Total Fat	<input type="text"/> g
Saturated Fat	<input type="text"/> g
Trans Fat	<input type="text"/> g
Sodium	<input type="text"/> mg
Total Carbohydrate	<input type="text"/> g
Sugar	<input type="text"/> g

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Total Fat	<input type="text"/> g
Saturated Fat	<input type="text"/> g
Trans Fat	<input type="text"/> g
Sodium	<input type="text"/> mg
Total Carbohydrate	<input type="text"/> g
Sugar	<input type="text"/> g

*Attach actual product labels if available

For Use By Nutrition Services:

Does the product meet Smart Snack in School Criteria? Yes or No

Final Status of the Request? Approved or Denied