

Student Nutrition Services Request Form

Cibola, Gila Ridge & Kofa High Schools Only

Request(s) must be submitted to the Student Nutrition Services, **at least 10 business days prior to the event.** For questions, please contact the Student Nutrition Services department at (928) 502-4773 or email awhiddon@yumaunion.org.

Name of Organization/School: _____ Event Title: _____

Date(s) of Event: _____ Location of Event: _____

Event Start Time: _____ Event End Time: _____ Pick-up/Delivery Time: _____

Details of Event: _____

Sack Meal Request: Only for educational purposes to include: field trips, student events and/or traveling during regular school hours.

Breakfast*: No cost for students, \$3.00 for adults. Lunch: Reduced Lunch \$.40, Paid Students \$4.00 and \$5.00 for adults.

Number of Students**: _____ Number of Adults (parents, staff, etc.): _____

*Breakfast can be provided, if departure is prior to 10:00 a.m.

**List of student names and ID numbers are required prior to event. Student Nutrition office will determine cost eligibility of students.

Afterschool Care Snack Program Request: Only for organized, structured, and/or supervised programs that are open to all students after the school day ends; athletics are specifically excluded per Arizona Department of Education (ADE).

Afterschool Care Snack Program: Reduced cost \$.50 Paid Students \$1.00 and \$1.25 for adults.

Number of Students*: _____ Number of Adults (parents, staff, etc.): _____

* Student sign-in sheet is required. Student Nutrition office will determine cost eligibility of students.

Facility Request:

Kitchen Freezer* Ice Student Nutrition Services Staff** Other: _____

*Subject to availability and type of food being stored.

**A minimum of one Student Nutrition Services staff is required for all kitchen uses. Labor fees will apply if after regular hours.

Catering Request: Breakfast, Lunch, and Dessert options are available upon request. Please contact department for pricing.

Brownies Assorted Cookies

Other Food/Dessert Requests: _____

Coffee Iced Tea Lemonade Water Bottles

Other Drink Requests: _____

Number of Students: _____ Number of Adults (parents, staff, etc.): _____

Delivery Fee* Cancellation Fee** Student Nutrition Staff***

*There is a \$25.00 delivery fee for outside school events.

**A cancellation fee may apply for canceled events.

***Labor fees will apply for serviced events.

Bill To:

Name: _____ Phone Number: _____

Address: _____ E-mail: _____

Method of Payment/PO Number: _____

Requestor's Name: _____ Phone Number: _____

Requestor's Signature: _____ Date: _____

Administrator/Director's Signature*: _____ Date: _____

*Required for Facility and Catering Requests Only

Student Nutrition Director's Signature: _____ Date: _____

Approved Denied Resubmit with additional information*

*Reason: _____