

Student Nutrition Services Request Form

Request must be submitted to Grace Pruit, Director of Student Nutrition Services, at least 10 business days prior to the event. For questions, please call (928) 502-4773 or e-mail (gpruit@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, \$2.50 for adults. Lunch: No cost for students, \$3.75 for adults.

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

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

****List of student names and ID numbers are required prior to departure.**

After School 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).

After School Snack Program: No cost for students, \$1.25 for adults.

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

***Student sign-in sheet is required.**

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:

<input type="checkbox"/> Grab & Go Breakfast	<input type="checkbox"/> Grab & Go Lunch	<input type="checkbox"/> Assorted Cookies	<input type="checkbox"/> Assorted Milk/Juice
<input type="checkbox"/> Continental #1 Breakfast	<input type="checkbox"/> Tamale Dinner	<input type="checkbox"/> Brownies	<input type="checkbox"/> Lemonade/Punch
<input type="checkbox"/> Continental #2 Breakfast	<input type="checkbox"/> Asian Dinner	<input type="checkbox"/> Donuts	<input type="checkbox"/> Soda
<input type="checkbox"/> Sandwich Platter	<input type="checkbox"/> Spaghetti Dinner	<input type="checkbox"/> Cake, Ice Cream, or Pie	<input type="checkbox"/> Water Bottles
<input type="checkbox"/> Salads	<input type="checkbox"/> Appetizers	<input type="checkbox"/> Tea/Coffee	<input type="checkbox"/> Other _____

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 cancelled 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: _____