Cumberland County School Nutrition Program Field Trip/Sack Lunch Request

| Date of Request: | Teacher: |
|---|---|
| (Please give at least 2 weeks in a | dvance to allow time to purchase items) |
| Date of Field Trip: | |
| | |
| Time of Departure: | |
| Pick a bag (menu option) | |
| Please circle only one bag (menu op | otion) per class |
| <u>Bag 1</u> | Bag 2 |
| Deli Sliced Ham & Cheese Sandwich | Peanut Butter & Jelly Pocket |
| Fresh Baby Carrots and Broccoli w/ Dip | Go-Gurt or Yogurt Cup |
| Fresh Fruit or Pre-Packaged Fruit Cup | Fresh Baby Carrots and Broccoli w/ Dip |
| Baked Chips | Fresh Fruit or Pre-Packaged Fruit Cup |
| Milk | Milk |
| Number of <u>Student</u> Sack Lunches nee | ded: |
| Number of Adult Sack Lunches nee | eded: |
| The Cafeteria MUST receive all E | PINs and money prior to departure. |
| Please indicate milk choices and qu | uantities: |
| Skim: | |
| 1%: | |
| Chocolate 1%: | |
| Strawberry 1%: | |
| Total Milks: | _ |

Please note: Menus subject to change due to availability.