



BENAVIDES CHILD NUTRITION DEPARTMENT

106 West School St. P.O. Drawer P Benavides, TX 78341 Phone: 361/256-3035 Fax: 361/256-3037

Field Trip Sack Lunch Request

Date Sack Lunches Needed: _____

Time Needed: _____

Reason for Sack Lunch Request: _____

Number of Sack Lunches Needed: _____

Students: _____ (attendance roster required)

Adults: _____ \$3.50 each Total for adult meals due: \$_____

Breakfast: (Choose One)

Assorted Muffin

Cereal Bar

Mini Pancakes

Main Entrée Choice: (Choose One)

Turkey & Cheese Sandwich

Ham & Cheese Sandwich

Peanut Butter & Jelly Sandwich

Tuna Sandwich

Chicken Salad Sandwich

Vegetable: (Choose One)

Celery Sticks w/ Ranch

Carrot Sticks w/ Ranch

Cucumber Slices w/ Ranch

Fruit: (Choose One)

Fresh Fruit, Seasonal

Fruit Juice

Milk: (Choose One)

1 % Low fat White Milk

Fat Free Chocolate Milk

1 % Low fat Strawberry Milk

*Please return this form to the Cafeteria 2 weeks prior to your field trip.