



## ENAVIDES CHILD NUTRITION DEPARTMENT

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

### Sack Breakfast Request

Date Sack Breakfasts Needed: \_\_\_\_\_

Time Needed: \_\_\_\_\_

Reason for Sack Breakfast Request: \_\_\_\_\_

Number of Sack Breakfast Needed: \_\_\_\_\_

Students: \_\_\_\_\_ (attendance roster required)

Adults: \_\_\_\_\_ \$2.00 each Total for adult meals due: \$\_\_\_\_\_

#### Main Entrée Choice (Choose One):

Cereal Bar w/ Snack Bag       Cereal w/ Snack Bag

Peanut Butter Uncrustable       Mini Pancakes

Super Donut

#### Fruit Choice (Choose One):

Fresh Fruit, Seasonal       Apple Juice

Orange Juice

\*\*All Sack Lunches include ½ pint of Milk. Indicate amount requested of each.