



ENAVIDES CHILD NUTRITION DEPARTMENT

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

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: \$_____

Main Entrée Choice (Choose One):

Ham & Cheese on Wheat Bread

Turkey & Cheese on Wheat Bread

Tuna Salad on Wheat Bread

Fruit/ Vegetable

Fresh Fruit, Seasonal

Fruit Juice

Extra Choice

Chips (low fat)

**All Sack Lunches include ½ pint of Milk