

Student Nutrition Services Request Form

Request(s) must be submitted to the Student Nutrition Services, **at least 10 business days prior to the event**. For questions, please contact the Student Nutrition Services department at (928) 502-4773 or email awhiddon@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. No cost to students at Kofa, Yuma, San Luis, Somerton & Vista High schools due to a special provisions program. **Students at Cibola and Gila Ridge will need to sign up for lunches, their meals will be charged to their accounts.**

- ☐ Breakfast*: No cost for students, \$3.00 for adults. Number of Students**: _____
- ☐ Lunch: No Cost for students at _____ Number of Adults (parents, staff, etc.): _____
- KHS, YHS, SHS, SLHS, VHS, \$5.00 for adults.

*Breakfast can be provided, if departure is prior to 7:00 a.m.

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

Afterschool Supper 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). *No cost for students, For adults for \$5.00 for Supper.*

- ☐ Afterschool Supper Program Number of Students*: _____ Number of Adults (parents, staff, etc.): _____

* Student sign-in sheet is required. Student Nutrition office will determine cost eligibility of students.

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 apply after regular hours.

Catering Request: Breakfast, Lunch, and Dessert options are available upon request. Please contact department for pricing.

- ☐ Brownies ☐ Assorted Cookies
- ☐ Other Food/Dessert Requests: _____
- ☐ Coffee ☐ Iced Tea ☐ Lemonade ☐ Water Bottles
- ☐ Other Drink Requests: _____ Number of Students: _____
- Number of Adults (parents, staff, etc.): _____

*There is a \$25.00 delivery fee for outside school events.

☐ Delivery Fee*

**A cancellation fee may apply for canceled events.

☐ Cancellation Fee**

***Labor fees will apply for serviced events.

☐ Student Nutrition Staff***

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: _____