



SAYDEL COMMUNITY SCHOOL DISTRICT

SACK LUNCH ORDER FORM

PLEASE FILL OUT THE FORM BELOW AND RETURN TO:
SAYDEL FOOD SERVICE DIRECTOR *AMANDA DURFLINGER*

EMAIL: DURFLINGERAMANDA@SAYDEL.NET | PHONE: 515-264-0866 | FAX: 515-264-0869
TWO WEEKS PRIOR NOTICE PREFERRED

DATE NEEDED: _____

QUANTITY OF SACK LUNCHES NEEDED: _____

CHECK SCHOOL LOCATION:

- CORNELL ELEMENTARY
- WOODSIDE MIDDLE SCHOOL
- SAYDEL HIGH SCHOOL

GRADE(S): _____

TEACHER(S): _____

OR

CONTACT PERSON: _____

NAME OF SCHOOL ORGANIZATION: _____

EVERY SACK LUNCH INCLUDES: *(PLEASE INCLUDE WHICH TYPE OF SANDWICH REQUESTING.)*

- SANDWICH TURKEY PEANUT BUTTER/JELLY
- WANGO MANGO
- BABY CARROTS
- FRUIT
- MILK

I UNDERSTAND I MUST PROVIDE A LIST OF STUDENTS AND THEIR ID NUMBERS TO THE FOOD SERVICE DIRECTOR PRIOR TO PICKING UP MY SACK LUNCH ORDER. *(IF PLACING ORDER DURING SCHOOL YEAR.)*

I UNDERSTAND IT IS MY RESPONSIBILITY TO RETURN THE COOLER PROVIDED TO ME FOR MY SACK LUNCH ORDER.

TEACHER / CONTACT PERSON SIGNATURE _____ DATE _____

FOOD SERVICE DIRECTOR SIGNATURE _____ DATE _____

APPROVED DENIED

