

UTAH SCHOOLS FOR THE DEAF AND THE BLIND FOOD REQUEST FORM

NAME _____ PHONE _____ ORG # _____

DATE OF EVENT _____ TIME _____ PLACE _____

OF GUESTS _____ (Alternate meal choices available upon request.)

CONTINENTAL BREAKFAST (circle items needed) Time _____

Omelets Bacon Sausage Cheese Hash Browns
Bagels Doughnuts Fruit Pastries Biscuits Croissant Muffins Danish Cinnamon Rolls
Fruit Tray Apples Oranges Melon Bananas Grapes Kiwi Strawberries Yogurt
Milk Coffee Tea Hot Chocolate Juice Water

BOX MEAL (circle which meal you prefer) Time _____

Sub Sandwich Chips Salad Fruit Dessert Pop Water Milk Juice
Chicken Salad on Croissant Chips Salad Fruit Dessert Pop Water Milk Juice
Chef's Salad Roll Fruit Dessert Pop Water Milk Juice

HOT MEAL (circle which meal you prefer) Time _____

Chicken Breast Potatoes Salad Vegetable Roll Dessert Pop Water Milk Juice
Taco Salad on Chips Fruit Dessert Pop Water Milk Juice

SNACKS OR REFRESHMENTS (circle items needed) Time _____

Candy Chips Cookie Veggies Fruit Nuts Cheese/Crackers Beef Jerky Popcorn Trail Mix Fruit Snacks
Ice Water Punch Juice Bottled Water Pop Ice Cream

SPECIAL FOOD REQUESTS: _____

PAPER PRODUCTS (circle items preferred)

Napkins 6" Plates 9" Plates Dining packet Spoons Forks Knives Paper cups Linens Floral

OTHER ITEMS OR REQUESTS: _____

THREE WEEKS NOTICE IS REQUIRED FOR ALL ORDERS!

(Any order not received three weeks in advance is subject to a menu change.)

APPROVED _____
Director's Signature Date ORG # for billing

APPROVED _____
Food Service Supervisor Signature Date

COST: \$ _____ (All prices will be determined according to your order.)

OTHER ADDRESS TO BE BILLED IF OUT OF AGENCY: _____

PLEASE RETURN COMPLETED FORM TO: COMMUNICATIONS OFFICE (801-629-4741)

Revised 11/2009