



West Las Vegas Schools
Food Service Department

Snack Request

Email to annette_baca@wlvs.k12.nm.us
& paul_sandoval@wlvs.k12.nm.us

Sponsor: _____ Contact Number: _____
Date of Trip: _____ Time of Pick up: _____
Students: _____ **** Adults**** _____ Bus driver: _____ Total Meals: _____
Sponsor Signature: _____ Date: _____

Please Circle one

Will meal be served BEFORE or AFTER scheduled event?

We need this to ensure proper temperature control.

Meal options please place an X on the line next to your requested meal.

- ____ Snack that is on menu for the day
- ____ String cheese, gram crackers, milk
- ____ Ritz Bitz, fruit, Milk
- ____ Gram crackers, fruit, milk

Snack Request instructions

1. **** Adults** Snack \$1.50 this will be billed to the sponsor.**
2. **Approved Breakfast request must be submitted to the Food service Department 5 days prior to the date of trip.**
3. **A roster of students must accompany this request.**
4. **Make arrangements for a sponsor to pick up Breakfast. They will sign the cooler in/out and return it in a timely manner.**
5. **Please make sure the request is complete, signed & dated.**
6. **Cancellations must be made 24 prior to the trip.**

This Institution is an equal opportunity provider.