

SPECIAL EVENT FOOD PLAN

SCHOOL: _____

SFSA: _____

DATE: _____

ORGANIZATON: _____

LOCATION: _____

FUNCTION: _____

SERVING TIME: _____

CONTACT: _____

COST PER PLATE: _____

ESTIMATE: _____

ACTUAL: _____

MENU: _____

SPECIAL REQUESTS: _____

GUARANTED COUNT RECEIVED BY: _____

RECOMMENDED: _____

CHILD NUTRITION DIRECTOR

ACCEPTED: _____

CAFETERIA MANAGER

ACCEPTED: _____

ORGANIZATION REPRESENTATIVE