

ATHLETICS AFTER SCHOOL BOXED MEAL ORDER FORM

Name: _____ **Pick- up Time:** _____ **DATE:** _____

TEAM: _____ **COACH:** _____ **PHONE:** _____

Have a Sandwich Made Your Way:

Choose your Bread (circle one)

Italian Bread Wrap Kaiser Roll Wheat Bread

Choose your Filling (circle up to 2)

Ham Turkey Tuna Salad Roast Beef PBJ
Assorted Meats American Cheese Swiss Cheese

Choose your Toppings (Circle everything you would like included)

Lettuce Tomato Onions Hot Pepper Rings
Mustard Ketchup Mayo

~ OR ~

Choose 1 of these instead of a Sandwich (circle choice):

- 8oz. Fruited Yogurt with Bagel & Cream Cheese
- 8oz. Fruited Yogurt with Specialty Bread
- 2 Cheese Sticks with 4 pkg. of Crackers

Boxed Meal will include an Entrée & the following:

~Fresh Baby Carrots~

~Choice of Fruit (circle one)~

Apple Orange Banana

~Cookie~

~Packaged Snack (circle one)~

Smartfood Popcorn Pretzels Baked Chips

~8oz Carton of Milk (circle one)~

FF Chocolate FF White 1% White

~16oz. Bottle Water~

Order Forms need to be turned in, for
the team, by 9am
the day needed.

Turn in to Kirk Aderman in the
Spartan Café or scan and e-mail to:
Kirk_Aderman@gateschili.org



**COST \$5.00 Cash/Check or Use
Student MealPay Account**

Payment Attached -

Check Payable to:

GC SCHOOL NUTRITION

Debit my Student Meal Account:

ID# Required:

There must be money in your

account - we cannot

allow charging.

THANK YOU!