# FIELD TRIP

## SACK LUNCH REQUEST

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|---|---|
| Field Trip: | Grade/Class: |
| Date: | Teacher/Sponsor: |
| ***USDA is an equal opportunity provider, employer, and lender*** | |

| Sack Lunch Option | | Allergies/Medical Information |
|---|---|---|
| | **Amount Needed** | |
| **Uncrustable** | | |
| **Ham/Turkey Lunch Kit** | | |
| **Pizza Lunch Kit** | | |
| **Sub Sandwich** | | |

## LIST ALL PARTICIPATING STUDENTS' NAMES BELOW

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**Please return form 2 weeks prior to your field trip**