



High School BOXED LUNCH REQUEST FORM

PLEASE EMAIL TO NAINZA@SCV35.ORG & LNIDO@SCV35.ORG
FOR INFORMATION CALL (520) 375-8276 OR 375-8277

School/Department: _____

Request By: _____ Date Needed: _____

Purpose: _____ Pick Up Time: _____

Number of Students: _____ Number of Adults: _____
Adult Lunch menu upon request

Box Lunch Option 1

- Turkey & Cheese Sub
- Vegetable & Fruit
- Juice/ Milk
- Baked Chips or Scooby Snacks

Box Lunch Option 2

- Ham & Cheese Sub
- Vegetable & Fruit
- Juice/ Milk
- Baked Chips or Scooby Snacks

Box Lunch Option 3

- Turkey Ham & Cheese Sub
- Vegetable & Fruit
- Juice/ Milk
- Baked Chips or Scooby Snacks

Box Lunch Option 4

- Sunbutter & Jelly Sandwich
- Vegetable & Fruit
- Juice/ Milk
- Baked Chips or Scooby Snacks

Signature of Requestor

Date of Signature:

INTERNAL USE ONLY

Date Received: _____ Date of Confirmation: _____

Received By: _____ Delivered By: _____

Comments: _____ Delivery Accepted By: _____