

Sack Meal Form

Name: _____

Student ID#: _____

Group Name: _____

Day: _____ Meal: Lunch/Dinner

All forms must be turned in 24 hours ahead.
All sack meals must be picked up by 9:15 AM,
Unless approved by a manager.

Sack Meal Form

Name: _____

Student ID#: _____

Group Name: _____

Day: _____ Meal: Lunch/Dinner

All forms must be turned in 24 hours ahead.
All sack meals must be picked up by 9:15 AM,
Unless approved by a manager.

Sandwich

Sub Bun (Choose 1)

Wheat _____

White _____

Meat

Smoked Turkey Breast _____

Turkey Breast _____

Visking Ham _____

Roast Beef _____

Cheese

Cheddar _____

Natural Swiss _____

American _____

American Swiss _____

Provolone _____

Pepperjack _____

Toppings

Lettuce _____

Tomatoes _____

Green Peppers _____

Red Onions _____

Cucumbers _____

Black Olives _____

Banana Peppers _____

Jalapeno Peppers _____

Dill Spears _____

Sliced Dills _____

Mustard _____

Mayonnaise _____

Bag of Relishes _____

PC Chip _____

Fruit (Choose 1)

Apple _____

Banana _____

Orange _____

Cookie of Day _____

Beverage (Choose 1)

Water _____

Pop _____

Sandwich

Sub Bun (Choose 1)

Wheat _____

White _____

Meat

Smoked Turkey Breast _____

Turkey Breast _____

Visking Ham _____

Roast Beef _____

Cheese

Cheddar _____

Natural Swiss _____

American _____

American Swiss _____

Provolone _____

Pepperjack _____

Toppings

Lettuce _____

Tomatoes _____

Green Peppers _____

Red Onions _____

Cucumbers _____

Black Olives _____

Banana Peppers _____

Jalapeno Peppers _____

Dill Spears _____

Sliced Dills _____

Mustard _____

Mayonnaise _____

Bag of Relishes _____

PC Chip _____

Fruit (Choose 1)

Apple _____

Banana _____

Orange _____

Cookie of Day _____

Beverage (Choose 1)

Water _____

Pop _____