

CLASSROOM FOOD EXPERIENCE REQUEST FORM

Request Date: ___ / ___ / ___ Center: _____

Activity Date: ___ / ___ / ___ Classroom _____ Session: AM PM FD HB

Total Participating: Children: _____ Adults (including volunteers): _____

Nutrition Concept: _____

HOFE (Hands On Food Experience): _____

N.E.C. # (If applicable): _____

Nonfood materials needed (All toothpicks, skewers, etc.): _____

HOFE recipe (attach or write in):

Center Director Signature: _____ Date: _____

**All requests must be submitted to the Food Services Supervisor
THREE weeks prior to the activity date.**

Office use only Date Received: ___ / ___ / ___

Approved _____ Denied _____

Comments: _____
