School Number:	School Name:
Teacher:	Date of Field Trip:
State policy dictates that we must keep m that you keep the lunches and milk in coo	nilk and food cold while attending Field Trips. We ask llers until service time.
Please return coolers to the café immedia	ately upon return. We appreciate your cooperation.
# of coolers requested	
Teacher Signature (Please sign upon receipt of coolers)	Date of Field Trip
Café Kitchen Manager Signature	Date Returned



