 Pancake Breakfast Form 24-25

**\*\*Before completing this form, email Leo Bas** [**lbas@ggusd.us**](mailto:lbas@ggusd.us) **to check availability and to save the date\*\***

**\*Two weeks (10 business day) is required**

**\*Please email this form to: Leo Bas** [**lbas@ggusd.us**](mailto:lbas@ggusd.us) **and Arielle Sutherland** [**asutherland@ggusd.us**](mailto:jgarin@ggusd.us)

**CC: Ofelia Visoso** [**ovisoso@ggusd.us**](mailto:ovisoso@ggusd.us)

Student Meal Price: No cost to GGUSD Students $4.50 per adult /non GGUSD Sibling\*\*

**1. Name of school and contact info**

|  |
| --- |
| **School:** |
| Contact Name/Email/Phone ext: |
| **Revised**  **check if this is a revision to a previous pancake order** |

**2. Day & Date of Pancake Breakfast (ex: Monday, August 15)**

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**Menu and Supplies:**

\* Pancakes

\* Pork Sausage Links

\* Whipped Cream

\* Syrup

\* Fruit

\* 100% Fruit Juice

\* 1% Low Fat Milk/Nonfat Chocolate Milk

\* napkin, straw, fork

\* Carryout Tray

**3. Serving Time**

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**4. Number of 5. Number of**

**students participating adults/Non GGUSD siblings**

|  |  |
| --- | --- |
|  |  |

**6. Total number requested (4+5)**

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|  |

**7. Is this an all school breakfast? Yes**  **No**

**8. Will school site pay for adult & non GGUSD siblings? Yes  No**

**School’s Responsibilities:**

**\* Custodian arranges for adequate number of trash cans & tables in the eating and service areas.**

**\*\* School to pre-sell tickets for all adults & siblings participating prior to Pancake Breakfast**

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| --- | --- |
| **FOOD SERVICES USE ONLY**  E-mail completed form to: Operations Manager, Central Kitchen Manager (forward to Lead), and Site Secretary. | |
| Date order taken from school |  |
| Number of Servings Ordered |  |
| Central Kitchen |  |
| Order Taken By |  |

**This institution is an equal opportunity provider**