

 Pancake Breakfast Form 25-26

**\*\*Before completing this form, email Leo Bas** **lbas@ggusd.us** **to check availability and to save the date\*\***

**\*Three weeks (15 business days) is required**

**\*Please email this form to: Leo Bas** **lbas@ggusd.us** **and Arielle Sutherland** **asutherland@ggusd.us**

**CC: Ofelia Visoso** **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**

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| **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**

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**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**