DC Department of Parks and Recreation
Office of Food and Nutrition Services
DC FREE SUMMER MEALS PROGRAM
CONSOLIDATED SPECIAL EVENT FORM

Site Name _____
Address _____

Date of Field Trip	Contact Person	Phone #	Total # of Students	Location of Trip	Time

*One-week notification required
** Meals must be transported on ice in coolers or in individual insulated lunch bags with ice packs.
Special
Instructions**_____

_____ _____
Signature of Authorized Representative Date