

**DC Department of Parks and Recreation
Office of Food and Nutrition Services**

**DC FREE SUMMER MEALS PROGRAM
SPECIAL EVENT FORM**

Name of Organization _____

Address _____

Date of Field Trip _____ Time _____

Contact Person _____ Phone _____

Total Number of Students _____

Location of Field Trip _____

***One week notification is required for all field trips.**

***Meals must be transported on ice in coolers or in individual insulated lunch bags
with ice packs.**

***Special Instructions**

Signature of Organization Representative

Date