



OKEMOS PUBLIC SCHOOLS
 Department of Food & Nutrition Services
ADULT Box Lunch Order Form



School: _____ Date of Trip: _____

The cost of the Adult Box Lunch is \$5.50

Please mark your selection and return to the teacher no later than _____.

Adult Name: _____ Classroom Teacher: _____

ENTRÉE: (Select One)

____ Vegetarian Sub – herb flatbread stuffed with an array of fresh vegetables – fat-free Italian Dressing. ____ add cheese

____ Roast Turkey & Cheese on Whole Wheat Sub (mustard and salad dressing on side)
 Check toppings: __ Lettuce__ Tomato __ Pickles__ Green Pepper

____ Grilled Chicken Caesar Salad – Caesar dressing unless other specified.

Select Flavor of 100% Fruit Juice

____ Apple

____ Fruit Punch

____ Orange

Select One Side

____ Lunch Bunch Grapes

____ Mixed Fruit Cup

____ Baby Carrots w/Ranch

____ Baked Chips

____ Fresh Apple

Select Drink

(all Milk is Fat Free)

Milk: _____ White _____ Chocolate, _____ Bottled Water

Box Lunch Includes a Moisture Towel, Napkin, Straw and Silverware

Please include payment with this form. Questions can be emailed to amanda.patton@okemosk12.net.