Cajon Valley Union School District

Child Nutrition Catering Request Form

_____

_____

Time of Event: Beginning: _____ End: _____

Place of Event: (Specific Directions) _____

Name of Event: _____

Number of Servings for Adults: _____ Students: _____

Item: _____

Item: _____

Item: _____

Item: _____

Item: _____

Item: _____

Special Requests: (The more specific your request, the better we can serve you)

Cancellations must