



















Sep '10		Lunch Menu					K-8					Define Foods														
Monday		Tuesday					Wednesday					Thursday					Friday									
30		31				1					2					3										
SNACK DAY ONLY		SNACK DAY ONLY					SNACK DAY ONLY					SNACK DAY ONLY					SNACK DAY ONLY									
6		7	Hamburger					8	Quesadilla					9	Chicken Nuggets					10	Pizza					
No School		Chips						Fruit						Fruit						Fruit						
Salad							Salad					Salad														
13	Hot Dog		14	Hamburger					15	Quesadilla					16	Chicken Nuggets					17	Pizza				
Chips			Chips						Fruit						Fruit						Fruit					
Salad							Salad					Salad														
20	Hot Dog		21	Hamburger					22	Quesadilla					23	Chicken Nuggets					24	Pizza				
Chips			Chips						Fruit						Fruit						Fruit					
Salad							Salad					Salad														
27	Hot Dog		28	Hamburger					29	Quesadilla					30	Chicken Nuggets										
Chips			Chips						Fruit						Fruit											
Salad							Salad					Salad														
ALL MEALS INCLUDE YOUR CHOICE OF: WATER, MILK IN A CUP, OR JUICE																										
PAYMENT:		Pre-paid lunches are \$3.75 (Define Foods is not responsible for ANY lost cash orders). Please make checks payable to "Define Foods." Please return by September 3, 2010 Emergency lunches are \$5.00. You must pay the \$5.00 the following day.																								
CHECKS:		There will be a \$25 service fee on returned checks.																								
ABSENCE & CREDITS		If your child will be absent please call Define Foods and leave a message at 760-452-6278 (Jason) to request credit. YOU MUST CALL PRIOR TO 8 AM THE MORNING OF THE ABSENCE. No exceptions. Credits must be used before the end of the school year. Field Trips & Pre-planned events will not be credited.																								
Due September 3		(Cut here and return bottom portion with payment)																								
ONE ORDER FORM PER CHILD PLEASE																										
CHILD'S NAME: _____												PHONE #: _____														
GRADE: _____		TEACHER'S NAME: _____										ROOM: _____														
PLEASE CIRCLE THE DATES THAT YOU WILL PREPAY.																										
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F		
X	X	X	X	X	X	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30			
1-	2-	3-	4-	5-	6-	7-	8-	9-	10-	11-	12-	13-	14-	15-	16-	17-	18-			Total:						
\$3.75	\$7.50	\$11.25	\$15.00	\$18.75	\$22.50	\$26.25	\$30.00	\$33.75	\$37.50	\$41.25	\$45.00	\$48.75	\$52.50	\$56.25	\$60.00	\$63.75	\$67.50			\$67.50						
CHECK #:		AMOUNT:										DATE:														
PLEASE NOTIFY CATERER OF ANY FOOD ALLERGIES																										