
















April '10		Lunch Menu			K-8		Define Foods		
Monday	Tuesday	Wednesday	Thursday	Friday					
			1 HALF DAY ONLY	2 NO SCHOOL					
			SNACK DAY ONLY	NO SCHOOL					
5 NO SCHOOL	6 NO SCHOOL	7 NO SCHOOL	8 NO SCHOOL	9 NO SCHOOL					
*****	HAPPY	EASTER	VACATION	*****					
12 Chicken Nuggets	13 Hot Dog Day	14 Quesadilla	15 Corn Dog Day	16 Cheese Pizza					
Treat Salad 	Chips Salad 	Chips Salad 	Chips Salad 	Treat Salad 					
19 Chicken Nuggets	20 Hot Dog Day	21 Quesadilla	22 Corn Dog Day	23 Cheese Pizza					
Treat Salad 	Chips Salad 	Chips Salad 	Chips Salad 	Treat Salad 					
26 Chicken Nuggets	27 Hot Dog Day	28 Quesadilla	29 Corn Dog Day	30 Cheese Pizza					
Treat Salad 	Chips Salad 	Chips Salad 	Chips Salad 	Treat Salad 					
<b>ALL YOUR MEALS INCLUDE YOUR CHOICE OF: WATER, JUICE, OR MILK IN A CUP</b>									
<b>PAYMENT:</b>	Prepaid lunches are \$4.00. (Define Foods is not responsible for ANY lost cash orders). <b>Please make checks payable to "Define Foods."</b> Please return by March 31, 2010. Emergency lunches are \$5.00. <b>There will only be 3 credits allowed per month. NO rollover credits will be accepted.</b>								
<b>Contact info:</b>	Jason (760) 207-4141								
<b>Checks:</b>	There will be a \$25 service fee on returned checks.								

Due March 31 (Cut here and return bottom portion with payment)

**ONE ORDER FORM PER CHILD PLEASE**

CHILD NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER 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	X	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30

1-\$4.00	2-\$8.00	3-\$12.00	4-\$16.00	5-\$20.00	6-\$24.00	7-\$28.00	8-\$32.00	9-\$36.00	10-\$40.00
11-\$44.00	12-\$48.00	13-\$52.00	14-\$56.00	15-\$60.00					<b>Total: \$60.00</b>

CHECK #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE NOTIFY CATERER OF ANY FOOD ALLERGIES