

2009 OUTPOST MENU SELECTION SHEET

Please return to Upham Woods at least 30 days prior to arrival

Name Of Group: _____ Date And Time Of Pickup: _____

Number Of Participants: Youth _____ Adult _____ Meal Supervisor: _____

Day 1	Day 2	Day 3	Day 4	Breakfast Selections (Please select one for each day)
				Chocolate chip pancakes, syrup, cereal, fresh orange. <input type="checkbox"/> Check if you want milk (powdered)
				Scrambled eggs, cereal, toast, jelly, fresh orange. <input type="checkbox"/> Check if you want milk (powdered) (First Breakfast Only)
				Bagels, jelly, peanut butter, cereal, fresh orange. <input type="checkbox"/> Check if you want milk (powdered)
				Cereal/oatmeal, toast, fruit. <input type="checkbox"/> Check if you want milk (powdered)

Day 1	Day 2	Day 3	Day 4	Lunch Selections (Please select one for each day)
				Hamburger (1), bun, lettuce, tomato, onion, baked beans, chips, fruit drink, choice of one trail food item
				Sloppy joe, carrots and celery, chips, fruit drink, choice of one trail food item
				Hot dogs, baked beans, chips, fruit drink, choice of one trail food item
				Cold cut sandwiches (2), lettuce, tomato, onion, chips, fruit drink, choice of one trail food item

TRAIL FOOD ITEM SELECTION (Please indicate number of times for each snack):

_____ Trail Snack (1) _____ Fruit (1)

Day 1	Day 2	Day 3	Day 4	Dinner Selections (Please select one for each day)
				Pudgy pie pizzas (2), cookie, fruit, fruit drink
				Hobo dinner (hamburger, potatoes, carrots & onion in foil), bread, fruit, cookies, fruit drink
				Chicken pot pie, cookie, fruit, fruit drink
				Spaghetti with tomato sauce, bread, vegetable, fruit, cookie, fruit drink

Special Diets, Food Allergies, or Vegetarians: (We must receive this form at least 30 days prior to arrival to honor)

- I have read and understand that the choices I have made for meals will be honored unless all food service forms have not been signed and turned in 30 days prior to arrival. This includes: food service agreement form and outpost menu selection form (summer groups only)
- I understand that all attempts will be made on the part of food service to honor the menu selections, but on rare occasions they may be altered or changed by the food service director.
- Once menus are submitted to food service they may not be changed.

Agent or group leader signature _____ Date _____

Office Use Only: Date Received: _____ Received By: _____ Sent to Foodservice: _____