

Redlands Unified School District
Fundraising During School Hours Food Approval Form
(Submit to Child Nutrition 3 weeks prior to Event Date)

Date: _____ School Name: _____

Proposed Activity: _____

Name of Organization or Club: _____

Proposed Date of Event: _____ Time of Event: _____

Location of Proposed Activity: _____

Contact Person Name and Phone Number: _____

Contact Person's Email Address: _____

Name of Food Item(s) to be sold: _____

Vendor Name: _____

Is this item on the approved Redlands USD snack or beverage list? ____yes ____no

If no, submit the nutrition fact sheet with this form.

Is the food item(s) listed above served in the school breakfast or lunch program? ____yes ____no

What board meeting date will this fundraiser be on the board approval list? _____
(Applies only to food and beverage sales by student organizations- California Code of Regulations Section 15501)

Site Council Approval Date: _____

Site Council Representative Signature: _____

Principal Approval Date: _____

Principal's Signature: _____

Date Received in Child Nutrition Office: _____ Approved ____ Not Approved ____

CNS Manager Signature: _____ Date: _____