



WANT TO HEAR BACK ABOUT PATRICIA'S LUNCKBOX SCHOOL LUNCH PROGRAM?

PLEASE FILL IN THIS SHORT QUESTIONNAIRE SO WE CAN BE PREPARED TO ANSWER YOUR QUESTIONS.

PATRICIA'S LUNCHBOX

NAME OF YOUR SCHOOL _____

TOTAL CURRENT ENROLLMENT (BY GRADE) _____

PRE-SCHOOL **ELEMENTARY** **MIDDLE SCHOOL** **HIGHSCHOOL**

YOUR PRESENT SCHOOL LUNCH ARRANGEMENT:

PREPARED ON SITE
PURCHASED FROM AREA CHAIN OR LOCAL RESTAURANTS
STUDENTS BRING FROM HOME
OTHER

DO STUDENTS EAT

IN THEIR ROOMS
IN A CAFETERIA
OTHER

DO YOU HAVE A COMMERCIAL KITCHEN? YES NO

ARE YOU INTERESTED IN A FIVE DAY PROGRAM? YES NO _____

IF NO, HOW MANY DAYS ARE YOU INTERESTED IN?

ARE YOU INTERESTED IN YEAR ROUND SCHOOL HOT LUNCHES? YES NO

CONTACT PERSON: _____

PHONE: _____

MOBILE: _____

FAX: _____

EMAIL: _____