

Teaching Staff Request Form for Taste Testing Session



General Information

Name of school:

Address of school:

School office phone number:

Name of teaching staff/department submitting request form :

Contact phone number/email:

Taste Testing Education Session (60 minutes in length)

Food Group(s) to be tasted (circle ones) : Fruit Vegetable Protein Dairy Whole Grain

Location of session:

Preferred date:

The preferred time to host the session:

Number of students/staff attending:

Administrative Approval

School Principal signature:

--

Return completed form to Jeannine Marcum at Food Services ext 5318 email: jmarcum2@columbus.k12.oh.us or fax: 365-5669