



MARION MILITARY INSTITUTE

Marion, Alabama



Sack Breakfast/ Lunch Request Form

Date of Request: _____

Pick up date and Time: _____

I am requesting (please check all that apply): Sack Breakfast Sack Lunch

Total Number of Sack Breakfast: _____

Total Number of Sack Lunches: _____

Organization/Class: _____

Faculty/Staff Sponsor: _____

Special requests: _____

Special Diet Instructions

Student's Name(s) and Special Diet(s) if any, ex. Cadet Jones, A. (Peptic Ulcer):

Instructions for Sack Meals

1. Sack meal request for field trip must be received by the Campus Dining Facility Manager in writing **five (5) instructional days in advance.**
2. ALL cancelation request need to be submitted **at least three (3) instructional days in advance.**
3. ALL requests must be in writing. We will not accept telephone orders.

To be completed by the MMI Dining Facility

Date received by Dining Facility Personnel: _____
Sack meal(s) picked up by: _____