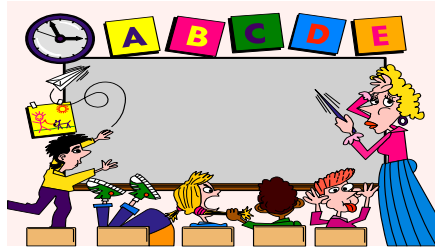


**Richland County School District One
Student Nutrition Services
After School Snack Program**



(One Application per Program)

Name of School/Organization: _____

Address: _____

Telephone: _____ Fax: _____

Type of Program: (tutorial, enrichment, etc.) _____

Days Snacks Needed:

Monday Tuesday Wednesday Thursday Friday

Number of Snacks Needed Daily: _____

Coordinator/Contact person: _____

Telephone: _____ e-mail Address: _____

Program Start Date: _____ Program End Date: _____

Attention: Student Nutrition Services - District Mail Code 760

Phone: 231-6953

Fax: 231-6962

I understand that rosters must be e-mailed or faxed by 8:00 a.m. every Monday AND the next business day at the end of each month.

****I also understand only one month can be put on a roster and I will be charged \$1.25 for each unaccounted for snack.**

Coordinator's Signature

Date

Principal's Signature

Date

If number of days or snacks change, you must contact the manager listed in your agreement packet ASAP.