



Food Truck Request Form

Fax completed form to: (786) 275-0841 or Email to: CMCastor@dadeschools.net

TO BE COMPLETED BY SCHOOL

School Location #: _____
School Name: _____
Address: _____
Principal's Name: _____ Principal's Contact #: _____

Administrative Contact Information:

Name: _____	Number: _____
	Email: _____

Food Service Manager Contact Information:

Name: _____	Number: _____
	Email: _____

- 1) What time does the first lunch start: _____
- 2) How many lunch periods do you have: _____
- 3) Approximate number of meals the truck will be serving: _____
(The Food Truck cannot go to a location for less than 150 meals and cannot serve more than 500 meals per day)
- 4) Where can the food truck park (please describe):

Check the boxes below to indicate your agreement.

- | | |
|---|--------------------------------|
| 1) The Food Truck must be promoted to students prior to visit. | AGREE <input type="checkbox"/> |
| 2) The Food Truck does not accept cash or sell a la carte items! | AGREE <input type="checkbox"/> |
| 3) School site must provide security for crowd control. | AGREE <input type="checkbox"/> |
| 4) Garbage cans must be provided by the school in the area by the Food Truck. | AGREE <input type="checkbox"/> |
| 5) When the Food Truck arrives, the principal or designee must survey the Food Truck area to ensure everything is ready for the students. | AGREE <input type="checkbox"/> |

NOTE:

- *If the truck is canceled due to weather or mechanical issues, the food service manager will be given as much notice as possible.*

