



## School Food Service Form

Please return this form to Treehaven 2 weeks prior to your visit to ensure the highest quality of service.

Minimum group size is 20 individuals for Treehaven to provide food service. If your group is less than 20, please contact the Treehaven Office Manager at 715-453-4106, ext. 2438, as we may be able to pair your group with another small group.

Name of Group: \_\_\_\_\_ Total Number: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any known food allergies in group? Please list: \_\_\_\_\_  
\_\_\_\_\_

**Meal Preference Definitions:**

- **Vegetarian:** Does not eat meat, poultry, game, fish, shellfish, or by-products of slaughter.
- **Vegan:** Does not eat meat, dairy products, eggs, or any other animal product.
- **Gluten Free:** Does not eat wheat, barley, rye, or hybrids of these grains.
- **No Restrictions:** Not designated as Vegetarian, Vegan, or Gluten Free.

MEALS			
Date	Breakfast	Lunch	Dinner
	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____
	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____
	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____
	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____	# of Vegetarian: _____ # of Vegan: _____ # of Gluten Free: _____ # of No Restrictions: _____ Meal Time Preference: _____

See Page 2 for snack options. →

**SNACK OPTIONS:** Snacks can be served in the morning, afternoon, or evening. Evening snacks are available only when dinner service is ordered. A minimum of 20 people are required for snack service at Treehaven. In the area below, indicate the date, circle the time, and snack choices.

Snack Choices	Cost
Fruit bowl*	\$2.00/person
Vegetable tray*	\$2.00/person
Brownies	\$2.00/person
Cookies	\$2.00/person
S'mores**	\$2.00/person

\*Assortment will consist of items that are seasonally available.

\*\*Chocolate, graham crackers, marshmallows, and roasting sticks will be provided. Schools are responsible for making their own s'mores.

Date	Time	Choice (check box)	Number of People
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	
		<input type="checkbox"/> Fruit bowl <input type="checkbox"/> Vegetable Tray <input type="checkbox"/> Brownies <input type="checkbox"/> Cookies <input type="checkbox"/> S'mores	

**Once completed, please email this form to [Treehaven@uwsp.edu](mailto:Treehaven@uwsp.edu). You can also mail your form to W2540 Pickerel Creek Road, Tomahawk, WI 54487, or fax it to 715-346-2465. Thank you!**

For all questions regarding meal options, dietary restrictions, or food allergies at Treehaven, please contact Treehaven Food Service Manager **Canopy Verbist-Blaszke** at **715-346-2432**.

**For Treehaven Staff Use Only:**  
 Date Contacted: \_\_\_\_\_  
 Staff Initial: \_\_\_\_\_

\_\_\_\_\_ Date  
 Group Coordinator Signature