

SMARTeats [CATERING]



Breakfast (per person)

Continental	\$3.25
<small>(Juice (1), Sweet Roll/Muffin/Pastry (1), Coffee)</small>	
Hearty Breakfast	\$4.50
<small>(Egg Bake, Turkey Sausage Patty (1), Fruit, toast (1), Juice (1), Coffee)</small>	
Yogurt Bar	\$3.75
<small>(Yogurt, Fresh Fruit, Granola, Craisins, Juice, Coffee)</small>	
10-12 oz. Smoothies	\$___

Ala Carte Breakfast

Muffins	\$0.75/each
Fruit Breads	\$1.00/each
Bagels w/Cream Cheese	\$1.50/each
Cinnamon Rolls (2 oz.)	\$1.00/each
Seasonal Fruit Cups	\$0.90/each
Monkey Bread Muffin	\$1.00/each
Milk (8 oz.)	\$0.50/each

Lunch (per person)

Classic Box Lunch	\$7.50
<small>(Meat/Cheese Sandwich/Wrap/Croissant, 4 oz. Salad, ½ Cup Fruit, Chips (1 bag), Water (1))</small>	
Choose 2: Soup, Salad, Sandwich	\$7.50
<small>(Soup Choice, Mixed Greens, Meat/Cheese Sandwich. Cookie (1), Water (1))</small>	
The "Cookout"	\$8.50
<small>(Burgers/Hot Dogs, Baked Beans, ½ Cup Fruit or Salad, Chips (1), Condiments (1) & Water(1))</small>	
Build Your Own Sandwich Lunch	\$8.50
<small>(Bun/Wrap/Bread/Croissant, Meat, Cheese, Onions, Pickles, Mustard, Mayo, Bag of Chips (1), Whole Piece of Fruit, Cookie (1), Water (1))</small>	

La Crosse's Own Homemade Pizza

Cheese Pizza	\$12.00
Traditional Pepperoni, 16"	\$12.00
Ham, Cheese, Pineapple	\$12.00
Veggie Pizza (3 Veggies)	\$14.00
Additional Toppings	\$1.00/Pizza

Appetizers (per person)

Fresh Fruit Tray & Yogurt Dip	\$2.00
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(Seasonal Choices, Dip)	
Vegetable Tray & Dip	\$2.00
<small>(Cup each, Dip)</small>	
Cheese & Cracker Tray	\$3.00
<small>(Cheese each, Crackers, 1 tray serves 8)</small>	
Meat & Cheese Tray	\$3.50
<small>(Turkey, Ham, Cheddar, Swiss or Mozzarella w/Crackers. Cheese, Meat & Crackers)</small>	

Sweet Shop Treats (*Meets Smart Snack Regs.)

Cookies or Bars	\$0.50/each
<small>(1.5 oz. Maid Whole Grain Cookies/8X10 Bars)</small>	
Nutri*Grain Bar	\$0.60/each
<small>(Soft Baked, Individually Wrapped, 1.3 oz)</small>	
Orange/Vanilla Frz. Bar	\$0.75/each
100% Juice Frz. Shape-Up	\$0.75/each

Snacks (*Meets Smart Snack Nutrition Guidelines)

Combination of any two:	\$0.85/each
<small>(½ Cup Fruit Cup, 8 oz. Milk, Fresh Fruit (138 ct.), 1 oz. Keebler Elf Whole Grain Grahams, 4 oz. Yogurt, Bosco Apple Stick, Kellogg's Whole Grain Cheez-Its, 4 oz. 100% Juice, 1 oz. Land O Lakes Mozzarella Sticks, 3 pkgs Lance Whole Grain Saltines)</small>	

Beverages

Fruit Punch or Lemonade	\$6.00/gal
Coffee/Iced Tea	\$8.00/gal
<small>(Includes Condiments, Coffee by Cup)</small>	
Bottled Water (8 oz)	\$1.00
100% Juice (4 oz)	\$0.50

Other items available upon request. Please contact the School Nutrition Office for options and pricing!

(P): 608.789.7625

E): psouchek@lacrossesd.org



1. **SMARTeats CATERING REQUEST**

Each group or individual requesting catering services will fill out a catering request form. These forms are available at the School Nutrition Office @ Hogan from 7:30am – 3:00pm, your school's main office or the cafeteria, or on the District website under School Nutrition. You can also request that a catering form be sent to you via email at psouchek@lacrossesd.org. This request form includes all of the information necessary to cater your event. Individual or unique requests are our specialty. We will tailor any menu to fit your needs. You must provide the School Nutrition Office with a budget code to charge the catering to or a billing address. If special billing arrangements are required, make them **prior** to the event with the School Nutrition Office.

2. **GUARANTEED COUNT**

When filling out the request form, give the estimated number to be served if you are unsure of exact count. Ten days prior to the event, we must have the guaranteedkhaug@lacrossesd.org number of people to be served to insure proper service and planning. All charges are based on this final guarantee. If no guarantee is received, we will consider the number indicated in the catering request form to be the final guaranteed count and you will be charged for that number.

3. **PRICES**

Prices are subject to change if the price of food fluctuates substantially. Prices on weekends are higher due to the overtime pay for cooks. Prices may increase according to level of staff services requested for function.

4. **RETURN OF SCHOOL NUTRITION EQUIPMENT/PROPERTY**

You are required to return all School Nutrition catering equipment and other property/supplies received as part of your order **within 24 hours** of the conclusion of the event unless other arrangements are made with the School Nutrition Office. You are responsible for any damage or loss of equipment incurred during your event.

5. **UNFORESEEN EVENTS**

If district employees are serving your event and you are not ready to eat at the requested time, you may be charged an additional fee to cover the employees additional time.

6. **FOOD SAFETY/LEFTOVER POLICY**

Due to sanitation guidelines set forth by the Wisconsin Department of Health, Environmental Health Services, no leftover food prepared and provided by the School District of La Crosse may leave the premises at the conclusion of the event.

7. **DELIVERY**

Delivery is available to all district locations between the hours of 6:30am and 3:00pm. If you require service outside of those hours, please make arrangements with the School Nutrition Office to pick up your order.

8. **PAYMENT**

Please make all checks payable to "School Nutrition", provide a budget code, or personal keypad number.



REQUEST FORM:

Date of Request: _____ Contact Phone #: _____
 Contact Name: _____ Time Needed: _____
 Contact E-Mail: _____
 School Location of _____ Room/Area of Function: _____
 Function: _____
 Date of Function: _____
 Number to be served: _____ Type of Services Requested: _____
(*Guaranteed number to be given 10 days prior to event) (Breakfast, Lunch, Dinner, AM Snack, PM Snacks, etc.)

Food/Drink Items Needed (Can be requested or discussed with the School Nutrition Office):

Allergy/Intolerance Concerns:

have read and agree with School Nutrition’s catering guidelines and policies.

Signature: _____ Date: _____

Budget account to be charged **or** billing address: _____

(*This MUST be filled out before request can be processed)

For School Nutrition Office Use Only (Please do not write below this line)

Supplies Needed: _____ Date Received in SNO: _____

Charges (to be filled out by School Nutrition Office) \$ _____

For additional information, please contact the School Nutrition Office @ 608-789-7625

****Group will be charged for any lost/not returned or damaged equipment or supplies.**