

## DAILY MEAL COUNT FORM – CAMP SITES

WEEK OF \_\_\_\_\_

B - Breakfast    L - Lunch    S - Supper    Sn - Snack

NAME OF STUDENT	Sunday				Monday				Tuesday				Wednesday				Thursday				Friday				Saturday											
	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn	B	L	S	Sn				
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<b>Total Ineligible*</b>																																				
<b>GRAND TOTALS</b>																																				

\* Note: Please highlight ineligible participants after this form has been completed for the week to avoid overt identification of any participants of the meal service.