

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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Total Ineligible*																																				
GRAND TOTALS																																				

* 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.