

Patrol:

Event:



Meal Planning Chart

Meal: Breakfast Lunch Snack Dinner Friday Saturday Sunday

Number to feed: _____ We have access to water? Yes No Must filter Unknown

Allergies/Religious restrictions: _____

FOOD GROUP	MENU ITEM(S)	INGREDIENTS & AMOUNTS (SHOPPING LIST)	WHAT WE NEED TO PREPARE IT (INCLUDE EQUIPMENT) & SERVE IT	WHAT WE NEED TO CLEAN UP
Appetizer				
Main dish (protein)				
Fruit				
Vegetable				
Bread				
Dessert				
Drink				

We included Milk group Protein Vegetable/Fruit Cereal Grains