



ENERGY BOOSTER MEAL ROSTER

SCHOOL NAME _____

PROGRAM NAME _____

DO NOT REMOVE ROSTER		MONTH _____ YEAR _____				
PLACE X IF STUDENT TAKES A MEAL		PROGRAM WEEK DATES				
#	STUDENT NAME	MON	TUE	WED	THU	FRI
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
TOTAL MEALS SERVED EACH DAY:						
TOTAL LEFTOVER MEALS EACH DAY:						
SUPERVISOR'S SIGNATURE:						