



Parents & Guardians,

To promote a sense of family within our football program we will enjoy a pre-game meal together each week. Our Varsity, JV, and Freshmen meals will be catered by parent volunteers. To cover the cost of these meals each player is asked to remit a check, payable to SHS Football ABC, in the amount of \$50. All checks, and this player meal form, should be delivered to your Head Coach by August 13th for JV/Varsity and August 23rd for Freshmen. Make certain to note any known food allergies or restrictions in the space provided. If you have any additional questions or concerns please contact Coach Lewis at shslewis@gmail.com.

Sincerely,

Coach Lewis

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Please cut along dotted line and return completed meal form below with payment.

PLAYER MEAL FORM

Player Name: _____ will participate in the team meals.

Player has the following known food allergies/restrictions:

Please check the box if you are interested in being a parent volunteer for Team Meals. Please provide your name and contact info. _____

Name

Phone # or Email

JV/Varsity return completed form with payment to Coach Lewis by August 13th, 2010.
Freshmen return completed form with payment to Coach Lawson or by August 23rd, 2010.