

Weld County School District 6 Nutrition Services Garden to Cafeteria Program Application

Please complete the following form to inform Nutrition Services of your plan to sell garden produce to be used in the school cafeteria. Please provide all contact information and school garden information so that Nutrition Services can be prepared to purchase any produce harvested from your garden.

Return completed application to farm2school@greeleyschools.org.

Garden Leader Contact Information	Kitchen Manager Contact Information
Name: _____	Name: _____
Position: _____	Phone Number: _____
Phone Number: _____	Email: _____
Email: _____	

Garden Information
School or Site Name: _____
Garden Account Number: _____
Garden Description: _____

By submitting this application, you are agreeing that you have read, understood, and will enforce the School Garden Safe Handling Procedures in the GTC toolkit.

GTC Leader Signature: _____ Date: _____

Kitchen Manager Signature: _____ Date: _____

Please keep a copy for your records.

Nutrition Services Use Only	
Received By: _____	Date: _____