*Use this fo	Additiona rm if the meal	al Room V I you are obs					neal service	
Sponsoring Organization Name:					A	Agreement #:		
Facility Name:					License #:			
Record the number of parti-	cipants observ	ed during th	e meal serv	ice:	ı			
Room							Comments	
Participants								
Program Adults								
Point of Service								
Milk Variety Served								
Record the number of parti	cipants observ	ved during th	e meal serv	ice:				
Room							Comments	
Participants								
Program Adults								
Point of Service								
Milk Variety Served								

Summary: