Away Meet Snack Packs

**Given the number of Snack Packs, we are asking 2 families to work together. It is a great way to get to know each other! Please consider working together to make the job easier.**

**When you sign up, enter your phone number/email in as a comment to make connecting easier.**

**On the ride back from the meets, we are providing a snack pack**. It’s not an exact science so have some fun with it. Here are some ideas:

* protein bar - Please include options for those with allergies.
* piece of fruit
* stick of cheese
* juice box
* Other items to consider: veggie sticks, bagel/cream cheese

This year there are 64 total athletes and 5 managers - refer to *Remind* for correct count updates for each away meet.

* **REMINDER – NO NUTS OF ANY KIND (better to play it safe)**
* Place all parts into in 1 ziploc bag and label by type - Allergy / No Allergy
* The food can be brought to the bus before it leaves for the away meet (at Maple Grove Middle School), or it can be put on the bus at the meet before they return.
* The swimmers will distribute the food themselves on the bus ride back.

Please have your swimmer bring back the bags/coolers & leftovers (if any) with them when they return from meet.

**EXPENSES:**

Estimated cost per swimmer - $ 3.00

Snack Pack expenses can be reimbursed by the booster club.

Please keep all of the original receipts and complete the form on the following page.



Maple Grove Girls Swim and Dive

Reimbursement Form

|  |  |  |
| --- | --- | --- |
| Date:  | *See instructions at bottom of form for turn in.*  | Check #: |
| Payable To: |
| Circle Reimbursement Preference: Zelle (immediate) or Check (7-10days via USPS) |
| Address:  |
| Date | Event | Description of Item Purchased | Amount |
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|  |  |  |  |
|  |  |  |  |
| Total Cost | $ |

***Include receipt(s)***

*Email copies of receipt along with this request to: mggirlsswimdive@gmail.com*

*or*

*Give printed copy with receipts to Treasurer.*

**Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**