

**Region 20 Education Service Center
Child Nutrition Resource Library
Materials Request Form**

**Complete form and fax to Region 20 Child Nutrition Services (210) 370-5754.
Materials will be sent by the Region 20 Medial van. Please return materials by the
date stated on the packing list.**

NAME _____ **DATE:** _____

TELEPHONE _____ **E-MAIL** _____

POSTION _____

DISTRICT _____ **SCHOOL** _____

ADDRESS _____

CITY _____ **ZIP** _____

- **Please limit your selection to 5 items. Once you return the items you checked out you may check out 5 more if needed. Thank you!**

Code Number	Title