| ** | Optimist Club Soccer Snack Request Form |
| :---: | :---: |
| ** | Fill out Player Name, Snack and Drink Choice. Total Each at Bottom of Form. Include Team Name, Division/Age \& Coach Name |
| ** | Please turn in the sheet BEFORE your game starts |
| ** | Coach or Team Manager may pick up the snacks during the last 15 Minutes of the Game |
| ** | Each Player will receive a drink and a snack |
| ** | Snacks are distributed After the Game, off the fields, to the team by the Coach / Team Manager |
| ** | Snacks are for the Registered Team Players |
|  | PLAYER NAME SNACK / DRINK Choice |
| 1 | 1 |
| 2 | 1 |
| 3 | 1 |
| 4 | 1 |
| 5 | I |
| 6 | I |
| 7 | 1 |
| 8 | 1 |
| 9 | 1 |
| 10 | 1 |
| 11 | 1 |
| 12 | 1 |
| 13 | 1 |
| 14 | 1 |
| 15 | 1 |
| 16 | 1 |
| 17 | I |
|  | TALS:DRINKS SNACKS |
|  |  |
|  | TEAM NAME: $\qquad$ DIVISION/AGE <br> COACH NAME $\qquad$ |

