

***After School Snack Program
Request Form
2019-2020***

Form MUST be submitted two weeks prior to program start date

Email to: Maria Guerra msguerra@gisd.k12.nm.us and

Maritza Gonzalez margon@gisd.k12.nm.us

School Site: _____

Program Name: _____

Program Summary: _____

Person in charge (email and phone #) _____

Starting Date: _____

Ending Date: _____

Program Days (ie: M-F, Tu/Th etc) _____

of Students: _____