

**STATE OF NEW JERSEY
PROCESSOR SIGN UP FORM**
School Year _____

Kasa's Food Distributing Co. Inc
RD5 Box 5167, Stroudsburg, Pa 18360
570-476-5444 Fax 570-476-5447
kasasfoods@hotmail.com
www.kasasfoods.com

Selection Period Cheese Commodity

SCHOOL NAME _____ AGENCY CODE _____

ADDRESS _____

FOOD SERVICE DIRECTOR _____

PHONE _____ EMAIL _____

The school district above requests to be included in the mozzarella cheese processing program for the School Year : _____

PERCENTAGE TO BE PROCESSED: _____

Can not exceed 100%

It is understood that the products that have been selected are available through a processing agreement between Kasa's Food Dist. Co. Inc and the State of New Jersey. These products conform with approved summary end product data schedules.

FOOD SERVICE DIRECTOR SIGNATURE _____

DATE _____

Please return one copy of this form to State of New Jersey, Division of Food and Nutrition, Food Distribution Programs, P.O. Box 334, Trenton, N.J. 08625, Attn: Jean Paxson. Also, return one copy to Kasa's Food.