Date / Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Nombre:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Adults / Adultos \_\_\_\_\_\_\_\_\_

# Children / Niños \_\_\_\_\_\_\_\_\_

Drive-Thru Shopping List

|  |  |
| --- | --- |
| **Food / Comida** | **Yes / Si “X”** |
| Canned Foods / Alimentos Enlatados: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Produce items / Frutas y verduras : |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Frozen food items / Alimentos congelados: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Other / Otra: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Restrictions:

Restricciones:

Car type and color / Tipo de coche y color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certain items may not be available today.

Es posible que algunos artículos no estén disponibles hoy.

Please indicate what items you would like to receive by marking “yes” or “X” in the right column.

Indicque que articulos le gustaría recibir marcando “si” o “X” en la columna de la derecha.

Please indicate which items you would to receive in the column to the right with an “X”.

Indique que articulos recibiria en la columna de la derecho con un “X”.

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Adults / Adultos \_\_\_\_\_\_\_\_\_

# Children / Ninos \_\_\_\_\_\_\_\_\_