

MILK/JUICE ORDER FORM

PLEASE TURN BACK IN BY THURSDAY FOR THE NEXT WEEK ALONG WITH PAYMENT.

NAME _____

WEEK OF:

PLEASE CHECK WHICH TIME OF DAY. YOU CAN CHOOSE BOTH.

BREAK - \$3.00 _____

LUNCH - \$3.00 _____

TOTAL \$ _____

WE WILL LET YOUR CHILD MAKE THEIR OWN CHOICE BETWEEN WHITE MILK, 1% CHOCOLATE MILK, OR APPLE JUICE UNLESS YOU SPECIFY DIFFERENT.