



Milk Order Form

Please complete ONE ORDER FORM PER STUDENT

(No combined orders please)

ORDERS ARE DUE Friday, January 23rd

Ordering Options: (For the 8 week period of Feb. 2nd - Apr. 2nd)

Option		White or Chocolate Milk
A	MILK EVERYDAY	\$36.10
B	MILK ON MON/WED/FRI	\$20.90
C	MILK ON FRIDAY ONLY	\$7.60

Student Name: _____
(First Name) (Last Name)

Teacher: _____

Please circle ONE option and CHECK white OR chocolate milk for each day of the week.

A (Everyday) or B (Mon/Wed/Fri) or C (Fri. Only)

DAY OF WEEK	WHITE MILK	CHOCOLATE MILK
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

I have enclosed a cheque for \$ _____ (payable to Fred C. Cook) OR the exact change if paying with cash.

Parent Signature: _____

Phone: _____

