Prepayment Order Form

Student Name: _____

Teacher: _____

Parent/Guardian Signature: _____

INSTRUCTIONS:
Please place a "W" in the box for each day you wish your child to receive **white** milk and place a "C" in the box for each day you wish your child to receive **chocolate** milk. ***Please note: Send exact change or cheque as change cannot be made.*** **Please make sure your child's name is on the order form.**

March 2010

Monday	Tuesday	Wednesday	Thursday	Friday	Total Number of White Milk _____ + Total Number of Chocolate Milk _____ = Overall Total _____ X .60 = $_____
1	2	3	4	5	
8	9	10	11	12	
22	23	24	25	26	
29	30	31			

NOTE: Please return this form to the school by 9:00 am on **Thursday, February 18, 2010**