

ST. HUBERT SCHOOL MILK ORDER FORM

MILK ORDER FORM FOR THE ENTIRE SCHOOL YEAR
August 21, 2008 – June 2, 2009

170 DAYS @ .40 = \$68.00

YOU MUST ORDER MILK
TO PARTICIPATE IN THE HOT LUNCH PROGRAM

PLEASE USE A SEPARATE ORDER FORM FOR EACH CHILD.

NAME _____

ROOM _____ GRADE _____

CASH _____ CHECK # _____ TOTAL AMT. _____

Please circle the number of milks ordered for this student: 1 or 2

(2 milks will cost \$136.00)

1% White and Chocolate Milk will be offered to all participating students.

Please submit a doctor's note if your child is allergic or intolerant to milk products but you would like to order from the lunch program.

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