

Milk Order Form

Sept.-Dec. 2007

Child's Name: _____

Child's Teacher: _____

Please write an "M" on the days for which you are ordering milk.

New milk orders, additions and cancellations must be received in the office by the Thursday prior to the week for which you are requesting milk.

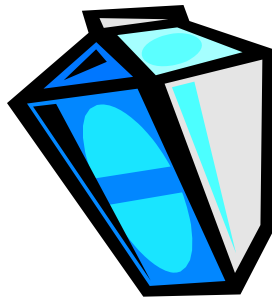
Number of Milk

_____ x \$0.35 = _____

_____ Please bill me

_____ I have enclosed a check

Check # _____



Shaded days are not available for Milk orders.

September

| Mon | Tues | Wed | Thurs | Fri |
|-----|------|-----|-------|-----|
| 3 | 4 | 5 | 6 | 7 |
| 10 | 11 | 12 | 13 | 14 |
| 17 | 18 | 19 | 20 | 21 |
| 24 | 25 | 26 | 27 | 28 |

19 days

October

| Mon | Tues | Wed | Thurs | Fri |
|-----|------|-----|-------|-----|
| 1 | 2 | 3 | 4 | 5 |
| 8 | 9 | 10 | 11 | 12 |
| 15 | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 | 31 | | |

22 days

November

| Mon | Tues | Wed | Thurs | Fri |
|-----|------|-----|-------|-----|
| | | | 1 | 2 |
| 5 | 6 | 7 | 8 | 9 |
| 12 | 13 | 14 | 15 | 16 |
| 19 | 20 | 21 | 22 | 23 |
| 26 | 27 | 28 | 29 | 30 |

18 days

December

| Mon | Tues | Wed | Thurs | Fri |
|-----|------|-----|-------|-----|
| 3 | 4 | 5 | 6 | 7 |
| 10 | 11 | 12 | 13 | 14 |
| 17 | 18 | 19 | 20 | 21 |

15 days

(Total 74 days)