

Milk Order Form 2015-2016

Child's Name: _____

Child's Teacher : _____

Date of
Order _____

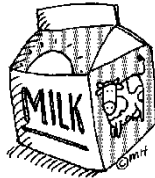
Please mark the squares you would like milk. Total # of milks _____ x .70 = _____. Please bill me ___ Check is attached _____

Sept 21 Days				
M	T	W	T	F
	1	2	3	4
7X	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		



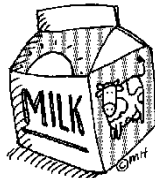
Feb 19 Days				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12X
15X	16	17	18	19
22	23	24	25	26
29				

Oct 19 Days				
M	T	W	T	F
			1	2
5	6	7	8	9
12X	13	14	15X	16X
19	20	21	22	23
26	27	28	29	30



March 21 Days				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17X	18X
21	22	23	24	25
28	29	30	31	

Nov 17 Days				
M	T	W	T	F
2	3	4	5	6
9	10	11X	12	13
16	17	18	19	20
23	24	25X	26X	27X
30				



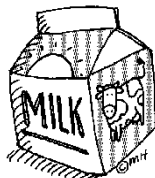
April 16 Days				
M	T	W	T	F
4X	5X	6X	7X	8X
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

Dec 14 Days				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21X	22X	23X	24X	25X
28X	29X	30X	31X	



May 20 Days				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27X
30X	31			

Jan 18 Days				
M	T	W	T	F
4	5	6	7	8
11	12	13	14	15
MLKX	19	20	21	22
25	26	27	28	29X



June 10 Days				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15		