



# MILK Order Form

Please return NO LATER THAN Friday, January 13th\*

**WITH** your cheque (made out to SD68) or cash in the amount of **\$62**

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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 fill in ALL the boxes. There are 62 days in this period, therefore \$62 complete prepayment is required (payable to SD 68).

DATE	Monday	Tuesday	Wednesday	Thursday	Friday
January	NA	NA	NA	NA	NA
31st, Feb. 1st & Feb. 2nd	NA				NA
February	NA	NA	NA	NA	NA
7th 8th 9th	NA				NA
14th 15th 16th	NA				NA
22nd 23rd	NA	NA			NA
28th 29th & Mar 1st	NA				NA
March	NA	NA	NA	NA	NA
6th 7th 8th	NA				NA
13th 14th 15th	NA				NA
27th 28th 29th	NA				NA
April	NA	NA	NA	NA	NA
3rd 4th 5th	NA				NA
10th 11th 12th	NA				NA
17th 18th 19th	NA				NA
24th 25th 26th	NA				NA
May	NA	NA	NA	NA	NA
1st, 2nd, 3rd	NA				NA
8th 9th 10th	NA				NA
15th 16th 17th	NA				NA
22nd 23rd 24th	NA				NA
29th 30th 31st	NA				NA
June	NA	NA	NA	NA	NA
5th 6th 7th	NA				NA
12th 13th 14th	NA				NA
19th 20th 21st	NA				NA
25th 26th 27th				NA	NA

**Mrs. Moo thanks you!**

\*Please note that, regretfully, any orders received after this date will not be processed. Thank you for understanding.