

MILK MILK MILK MILK MILK MILK MILK MILK MILK MILK

MAY MILK ORDER FORM

Fill in **NOW** and return to school by **Wednesday, April 26, 2017**

No late orders please.

CHILD'S NAME	GRADE	WHITE CHOC.	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
Weekly Totals			#milk _____					# milk _____					# milk _____					# milk _____					#milk _____				
Monthly Total			# of white milk x .65 = _____															Cost of white _____									
			# of choc. milk x .75 = _____															Cost of choc.+ _____									

																		Monthly total \$ _____									

*Please make cheques payable to T.B.C.S. Student Fund *May 22-Victoria Day- NO SCHOOL*