

MILK MILK MILK MILK MILK MILK MILK MILK MILK MILK

OCTOBER MILK ORDER FORM

Fill in **NOW** and return to school by **Wednesday, September 27, 2017**

No late orders please.

CHILD'S NAME	GRADE	WHITE CHOC.	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T			
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T			
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T			
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T			
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T			
Weekly Totals			#milk _____					# milk _____					# milk _____					# milk _____					#milk _____				
Monthly Total			_____ # of white milk x .70 = _____															Cost of white _____									
			_____ # of choc. milk x .80 = _____															Cost of choc.+ _____									
																		----- Monthly total \$ _____									

*Please make cheques payable to T.B.C.S. Student Fund *Oct. 10-Thanksgiving, Oct. 26-27-Teacher's Convention (NO SCHOOL)*