

# MILK MILK MILK MILK MILK MILK MILK MILK MILK MILK

## SEPTEMBER MILK ORDER FORM

Fill in **NOW** and return to school by **Friday, September 4, 2015**

*No late orders please.*

CHILD'S NAME	GRADE	WHITE CHOC.	1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	
			<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>																		
			T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	
			T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	
			T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	
			T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	
			T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	
<b>Weekly Totals</b>			#milk _____				# milk _____				# milk _____				# milk _____				#milk _____						
<b>Monthly Total</b>			# of white milk x .60 = _____														Cost of white _____								
			# of choc. milk x .65 = _____														Cost of choc.+ _____								
																	-----								
																	Monthly total \$ _____								

\*Please make cheques payable to T.B.C.S. Student Fund