

MILK MILK MILK MILK MILK MILK MILK MILK MILK MILK

SEPTEMBER MILK ORDER FORM

Fill in **NOW** and return to school by **Friday, September 8, 2017**

No late orders please.

CHILD'S NAME	GRADE	WHITE CHOC.	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29														
			X	X	X	X	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F														
			X	X	X	X	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F														
			X	X	X	X	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F														
			X	X	X	X	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F														
			X	X	X	X	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F														
Weekly Totals			#milk _____				# milk _____					# milk _____					# milk _____					#milk _____													
Monthly Total			# of white milk x .65 = _____															Cost of white _____					Cost of choc.+ _____					-----				Monthly total \$ _____			
			# of choc. milk x .75 = _____																																

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