

MILK ICE CREAM SNACK ORDER FORM

NAME \_\_\_\_\_ NAME OF OLDEST CHILD \_\_\_\_\_

Date \_\_\_\_\_ GRADE OF OLDEST CHILD \_\_\_\_\_

QUANTITY:

Number of books at \$8.00 each \_\_\_\_\_

Number of singles at \$ .40 each \_\_\_\_\_

Cost of milk: \$ .40 each - 1 ticket

Cost of ice cream: \$ .80 each - 2 tickets

Amount enclosed \_\_\_\_\_ Check Cash

PLEASE ISSUE CHECK FOR THIS ORDER SEPARATE FROM PAYMENTS FROM OTHER ORDERS. THANK YOU!

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FOR OFFICE USE:

Date sent \_\_\_\_\_ By \_\_\_\_\_

FORMS: MILK-ICE CREAM ORDER

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