Return this portion of the lunch form with your payment to school. Make checks payable to CCA.

Child's name _____
Teacher's Name_____
Please indicate the days you need lunch and quantity of drinks needed.

September		Meals	Drinks
		$5.00	$0.50
SEPT	1		
SEPT	2		
SEPT	5	**LABOR**	**DAY**
SEPT	6		
SEPT	7		
SEPT	8		
SEPT	9		
SEPT	12		
SEPT	13		
SEPT	14		
SEPT	15		
SEPT	16		
SEPT	19		
SEPT	20		
SEPT	21		
SEPT	22		
SEPT	23		
SEPT	26		
SEPT	27		
SEPT	28		
SEPT	29		
SEPT	30		
		Meals	Drinks
		Total Enclosed: $	

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