

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 milk

Septembe	Meals	Drinks
	\$3.50	\$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		
SEP	27		
T			
SEP	28		
T			
SEPT	29		
SEPT	30		

TOTAL	# of Meals	#of Drinks
Total Enclosed: \$		

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