

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 (drink included).

MAY		Meals \$2.00
MAY	2	
MAY	3	
MAY	4	
MAY	5	
MAY	6	
MAY	9	
MAY	10	
MAY	11	
MAY	12	
MAY	13	
MAY	16	
MAY	17	
MAY	18	
MAY	19	
MAY	20	
MAY	23	
MAY	24	
MAY	25	
MAY	26	
MAY	27	
MAY	30	<b>MEMORIAL DAY</b>
MAY	31	
TOTAL		

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