		portion of the lunent to school. I payable to CCA	Make checks	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.				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.			
Teache Name Please	er's indic	e ate the days you y of drinks needd	need lunch								
MAY		Meals Drinks		MAY		Meals	Drinks	MAY		Meals	Drinks
		\$3.50	\$0.50			\$3.50	\$0.50			\$3.50	\$0.50
MAY	2	γ3.30	70.50	MAY	2	73.30	φυ.30	MAY	2	\$3.30	70.50
MAY	3			MAY	3			MAY	3		
MAY	4			MAY	4			MAY	4		
MAY	5			MAY	5			MAY	5		
MAY	6			MAY	6			MAY	6		
MAY	9			MAY	9			MAY	9		
MAY	10			MAY	10			MAY	10		
MAY	11			MAY	11			MAY	11		
MAY	12			MAY	12			MAY	12		
MAY	13	NO	SCHOOL	MAY	13	NO	SCHOOL	MAY	13	NO	SCHOOL
MAY	16			MAY	16			MAY	16		
MAY	17			MAY	17			MAY	17		
MAY	18			MAY	18			MAY	18		
MAY	19			MAY	19			MAY	19		
MAY	20			MAY	20			MAY	20		
MAY	23			MAY	23			MAY	23		
MAY	24			MAY	24			MAY	24		
MAY	25			MAY	25			MAY	25		
MAY	26	NO LUNCH	SERVED	MAY	26	NO LUNCH	SERVED	MAY	26	NO LUNCH	SERVED
MAY	27	SUMMER	BREAK	MAY	27	SUMMER	BREAK	MAY	27	SUMMER	BREAK
MAY	30	MEMORIAL	DAY	MAY	30	MEMORIAL	DAY	MAY	30	MEMORIAL	DAY
MAY	31	SUMMER	BREAK	MAY	31	SUMMER	BREAK	MAY	31	SUMMER	BREAK
Total		Meals	Drinks	Total		Meals	Drinks	Total		Meals	Drinks
Total Enclosed: \$				Total Enclosed: \$				Total Enclosed: \$			