

Name _____

Grade _____

FOR EACH STUDENT PARTICIPATING

Please put a check next to the days you plan on participating in the lunch program.

October 16th: _____ Daily Lunch OR _____ Alternate Lunch

October 17th: _____ Daily Lunch OR _____ Alternate Lunch

October 18th _____ Daily Lunch

October 19th _____ Daily Lunch OR _____ Alternate Lunch

October 20th _____ Daily Lunch _____ Extra Slice of Pizza (\$1.00)

October 23rd _____ Daily Lunch OR _____ Alternate Lunch

October 24th _____ Daily Lunch OR _____ Alternate Lunch

October 25th _____ Daily Lunch

October 26th _____ Daily Lunch OR _____ Alternate Lunch

October 27th _____ Daily Lunch _____ Extra Slice of Pizza (\$1.00)