

ST. MARY CATHOLIC SCHOOL

HOT LUNCH ORDER FORM

WEEK OF:

Name _____

Grade _____

Check desired days for lunch purchase:

***To order Extra Items Add +1 or +2 next to
The check mark for that day**

MON. _____ TUES. _____ WED. _____ THURS. _____ FRI. _____

Number of days _____ x \$2.50 = _____

Number of Extras _____ x \$.75 = _____ TOTAL AMOUNT DUE _____

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