

LUNCH ORDER FORM revised 11/4/2010

Family Name: _____

Week Of: _____

Child's Name	Grade	Monday	Tuesday	Wednesday	Thursday	Friday

Total Due For **Lunch** (Number of Lunches X \$3.00) \$ _____

.....
Week Of: _____

Child's Name	Grade	Monday	Tuesday	Wednesday	Thursday	Friday

Total Due For **Lunch** (Number of Lunches X \$3.00) \$ _____

.....
Week Of: _____

Child's Name	Grade	Monday	Tuesday	Wednesday	Thursday	Friday

Total Due For **Lunch** (Number of Lunches X \$3.00) \$ _____

.....
Week Of: _____

Child's Name	Grade	Monday	Tuesday	Wednesday	Thursday	Friday

Total Due For **Lunch** (Number of Lunches X \$3.00) \$ _____

Total Amount Enclosed \$ _____

The form will be posted online. Please print out and fill out the form for each week (or order by the month). Please write the choices per child/per day (see codes below). If you make a check-mark instead of listing the choice, it will be assumed that you are ordering the main menu choice.

- L Main Menu Choice (Menu is posted online)
- S Salad Bar
- GC Grilled Cheese Sandwich
- HD Hot Dog
- P Pizza
- T Tuna

PLEASE DO NOT CUT THE FORM!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!



**Saint Gabriel School
SNACK ATTACK!**

FAMILY NAME

**I would like to enroll my child/children
(names & grades)**

in the snack attack program.

**Enclosed is my payment of \$ 18.00 each for the month of _____
or \$180.00 for the year.**

Total Enclosed: \$ _____

Signature of Parent/ Guardian
