

Using this form you will pay for <u>a month</u> of pizza

*One form per child **Please print	
Student Name:	
Parent/Guardian Name:	
Parent/Guardian Email:	
Parent/Guardian Phone Number:	
Student's Teachers (check one): Ms. Stephanie Ms. Jana + Ms. Bella Ms. Gail + Ms. Norma Ms. Lori Ms. Amy + Coach Ronnie Ms. Stephanie R. + Ms. Nicole	Handtossed, cheese Pizza - Choose the number of slices served weekly. Priced for the month (check one):
COST COVERS <u>THURSDAYS</u> in January 18, 25	
Cross out any dates for planned absences (EX: NCI, Planned Dr. Apt) Total (*Write the amount where differing from above):	
Payment Method (check one): Cash (Delivered to the office with this form) Check - Made out to CCMS PTO (Delivered to the office with this form) PTO VENMO or PAYPAL search - @CCMSPTO **INCLUDE: "PIZZA \$", STUDENT	
NAME, AND TEACHER IN NOTE** (Deliver the form to the office - undelivered forms may not receive pizza.)	
Initial below:All orders must be submitted by <u>Tuesday, December 16.</u> Late orders are not	
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