

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):  1 Slice + 1 Apple Sauce = \$12 (\$4/week)  2 Slices + 1 Apple Sauce = \$15 (\$5/week)  3 Slices + 1 Apple Sauce = \$18 (\$6/week)
COST COVERS THURSDAY	<u>S</u> in March 7, 21, 28
Cross out any dates for planned absences (EX: NCI, Planned Dr. Apt)	
Total (*Write the amount where differing from above):	
	th this form) (Delivered to the office with this form) - @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>Monday, March 4.</u> Late orders are not

\_\_\_\_All orders must be submitted by <u>Monday, March 4.</u> Late orders are not guaranteed lunch on the first Thursday of the month. Absences are considered donations to PTO and will not be refunded.