FAMILY NAME : $\qquad$


 for missed lunches.

| Please leave order form intact | Thank you for your support |  |  | ~Pizza Fundraiser Co-ordinator - Sherry Grant 519-669-0148 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| FIRST NAME : |  |  |  | ROOM\#: |  |  |  |
|  | Price | Oct 4 | Oct 18 | Oct 25 | Nov 1 | Nov 8 | Nov 15 |
| Pizza Slice - Pepperoni | \$1.25 |  |  |  |  |  |  |
| Pizza Slice - Ham \& Pineapple | \$1.50 |  |  |  |  |  |  |
| Pizza Slice - Cheese | \$1.25 |  |  |  |  |  |  |
| Kernels Popcorn (write what kind in date ) : Carmel or Cheddar or Butter Salt | \$2.00 |  |  |  |  |  |  |

STUDENT TOTAL: $\qquad$
ROOM\#: $\qquad$

| FIRST NAME : |  |  | ROOM\#: ______ |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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STUDENT TOTAL:


STUDENT TOTAL:
FAMILY ORDER TOTAL:

