

Brookfield Elementary Lunch Program Order Form

Name: _____ Grade: _____

Teacher: _____

Date: _____

Cobequid Schools Catering Society

	\$4.00	Beverage	Other
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total			

Total Cash or Cheque made payable to CSCS.

Full Meal: \$4.00

Milk: \$0.40

Juice: \$0.60

Chocolate Milk: \$1.35

Chocolate Milk w/Meal \$4.75

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