

If you would like your child/children to have milk (low fat only), please complete this form and return it to the office by Friday, September 5, 2008. The cost for the year is \$80 per child. Please make your check payable to St. Martin of Tours School.

Thank you.

-----tear-off-----

Enclosed is my check, in the amount of \$80 per child.

Child's name _____ Grade _____ white _____ chocolate _____

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