

Child' Name \_\_\_\_\_ Date \_\_\_\_\_ Total \$ \_\_\_\_\_

Please circle one.

**Lunch:**            **Drink only**                            **Lunch/Extra drink**            **Lunch/Extra portion**            **Lunch/Extra drink/Extra portion**

- Main entrée
- Turkey sandwich
- Chef Salad
- Peanut butter/jelly sandwich

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