

Word of Life Lutheran School

February Lunch Order Form _____ My child(ren) will not be taking hot lunch.

Child's name _____ My child will take LUNCH every day: YES

If your child(ren) wants lunch *only on specific days*; please *CIRCLE* the days you want:

Monday	Tuesday	Wednesday	Thursday	Friday	
	1	2	3	4	
7	8	9	10	11	20 total days
14	15	16	17	18	
21	22	23	24	25	
28					

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Return with payment by
January 10, 2010

of days eating X cost of lunch = total \$ owed for lunch
 _____ X _____ = _____

Lunch Total

See the chart on the back for pricing information