



**SMA DAILY MILK PROGRAM  
(OPTIONAL)**

**ORDER FORM FOR SEPTEMBER 2008 THROUGH JUNE 2009**

Child's Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Milk Choice (circle one): 2% White or Chocolate

\_\_\_\_\_ Grade: \_\_\_\_\_ Milk Choice (circle one): 2% White or Chocolate

\_\_\_\_\_ Grade: \_\_\_\_\_ Milk Choice (circle one): 2% White or Chocolate

\_\_\_\_\_ Grade: \_\_\_\_\_ Milk Choice (circle one): 2% White or Chocolate

Please order milk for my child/ren:

**Cost x # of children = TOTAL**

Daily\* for the **entire** school year - **\$68.82** X \_\_\_\_\_ = \$ \_\_\_\_\_

\*\*\*\*\*

THE MILK PROGRAM WILL BEGIN **MONDAY, SEPTEMBER 8<sup>TH</sup>**. If your child starts later, please deduct .62 from each day he/she does not receive milk.

Make check payable to "**SMA**", put check and milk order form in an envelope marked "MILK" and return on or before the first day of school September 2, 2008

**Note: If you would like your child to receive milk or juice on Pizza Lunch days, you must sign up on the Pizza Lunch form.**  
**\*No milk delivered on minimum days, Pizza Lunch Days and holidays.**