

2011-2012
Milk and Juice Order

For MONTH: _____

NAME _____

GRADE _____ TEACHER _____

Indicate one (1) beverage choice:
(Unless paying for two)

_____	_____	_____	_____
2% Milk	Chocolate Milk	100 % Juice	Bottled Water

Please make checks payable to Southfield Café

DAILY BEVERAGE PURCHASE: \$ 0.75