



CLINTONVILLE ACADEMY LUNCH ORDER FORM

March 2017 LUNCH DAYS
(PLEASE CIRCLE APPROPRIATE DATES)

March

1/2/3/6/7/8/9/10/13/14/15/16/20/21/22/23/24/28/29/30/31

CHILD'S NAME: _____

CHILD'S GRADE LEVEL: _____

\$5 Small Portion per lunch x lunches ordered _____ = _____

\$7 Large Portion per lunch x lunches ordered _____ = _____

(Small Portions are suggested for grades PreK-2nd, Large Portions are suggested for 2nd-8th grades, however, any portion size may be selected for your child)

PARENTS SIGNATURE: _____

(Please make checks payable to Healthy Meals Plus)

CREDIT CARD INFO

Credit card number: _____

Expiration date: _____ 3 digit V-code: _____

Billing zip code: _____

Email address: _____

Billing address: _____

____ Please check to keep credit card number on file.

*******PLEASE SCAN AND SEND THIS FORM TO: calunchorders@gmail.com**