

BOW MEMORIAL SCHOOL FOOD SERVICE PREPAYMENT FORM

Please return checks in an envelope payable to the Bow Lunch Program

DATE: _____ HOME PHONE: _____

CHECK NUMBER: _____ AMOUNT _____

STUDENT NAME: _____

GRADE: _____

	5 DAYS	10 DAYS	15 DAYS	20 DAYS	25 DAYS	30 DAYS
STUDENT LUNCH	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00
REDUCED LUNCH	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
ADULT LUNCH	\$12.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00

PLEASE KEEP IN MIND THIS PRICING DOES NOT INCLUDE ALACARTE ITEMS

*** REMAINING MONIES ON ACCOUNT WILL ROLL OVER AT YEARS END***

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