

TCBY ORDER FORM

To All Parents / Guardians



Return Order Form and Payment by Sept.27, 2017.

We are planning a TCBY frozen yogurt snack at school. It's a 4.5 oz container at the cost of **\$3 each**. The money raised goes to help pay for children's activities during the school year.

Orders are payable by **CHEQUE** to **Souvenir Home & School Committee** write your child's name and class number on back of cheque or **EXACT CASH** as we are unable to return change.

A charge will be applied for NSF cheques



ONE ORDER FORM PER CHILD

ONE CHEQUE PER FAMILY

ATTACH PAYMENT TO ALL ORDER FORMS

Child's name: _____

Homeroom Teacher: _____ Child's grade: _____

DATES	FLAVOUR SELECTION			
Oct.5	Vanilla <input type="checkbox"/>	Chocolate-Vanilla Swirl <input type="checkbox"/>	Chocolate <input type="checkbox"/>	Orange Sorbet <input type="checkbox"/>
Oct.26	Vanilla <input type="checkbox"/>	Chocolate-Vanilla Swirl <input type="checkbox"/>	Chocolate <input type="checkbox"/>	Orange Sorbet <input type="checkbox"/>
Nov.23	Vanilla <input type="checkbox"/>	Chocolate-Vanilla Swirl <input type="checkbox"/>	Chocolate <input type="checkbox"/>	Orange Sorbet <input type="checkbox"/>
Dec.14	Vanilla <input type="checkbox"/>	Chocolate-Vanilla Swirl <input type="checkbox"/>	Chocolate <input type="checkbox"/>	Orange Sorbet <input type="checkbox"/>
Jan.18	Vanilla <input type="checkbox"/>	Chocolate-Vanilla Swirl <input type="checkbox"/>	Chocolate <input type="checkbox"/>	Orange Sorbet <input type="checkbox"/>
Feb.15	Vanilla <input type="checkbox"/>	Chocolate-Vanilla Swirl <input type="checkbox"/>	Chocolate <input type="checkbox"/>	Orange Sorbet <input type="checkbox"/>

Total number of frozen yogurts _____ X \$3.00= \$ _____ Cheque number _____



Please note should your child be absent on TCBY day they will receive their order at a later date. Thank you for your cooperation.