



January 2017

Include payment via check (made to SCS PAC) or cash. Orders must be in the SCHOOL OFFICE by Thursday ***the week prior*** to the lunch date.

Questions? Please contact Brenda Carlson at nopeasorraisons@gmail.com or 503-267-5168.

Student's Name: _____ Phone #: _____ Grade: _____

Dates you are ordering (circle each date):

Thursday:

January 9th

January 23rd

January 30th

One Topping Personal Pan Pizza \$3.00 each

Pick one topping:

_____ Cheese

_____ Pepperoni

_____ Mushrooms

_____ Sausage

Option to sponsor a staff lunch:

Please specify specific staff member (or if you want I can pick the next staff member in line to receive a lunch): _____

Amount Given: _____

Total Due:

Student Lunch Cost \$ _____ x # of days _____ +any staff donation _____

= Total Due: _____