



CIRCLE ONE: WTB SRD MBD

STUDENT INFORMATION				
STUDENT NAME:				
TEACHER:				
PARENT NAME:				
PHONE NUMBER:				

## PAYMENTS MUST BE IN THE FORM OF CASH OR CHECK ONLY ALL CHECKS SHOULD BE MADE OUT TO: BLOOMINGDALE PTA

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CUSTOMER NAME	Qty	Unit Price	Amount	
EX: JANE SMITH	2	15.00	30.00	
TOTAL		X		
IMPORTANT!				

\*BECAUSE THE JARS WILL CONTAIN FRESH INGRIEDIENTS, ONCE DELIVERED, PLEASE REFRIGERATE THEM UNTIL THEY ARE READY FOR USE. ONCE REFRIGERATED, SIMMER WITHIN 10 DAYS.