



Office Use:
Name _____
Check # _____
PMOF _____
Amt. Pd. _____
Date _____

## Friday Fundraiser Pizza Lunch 2024-25 School Year

Form Due to School: August 21, 2024

Family Last Name: \_\_\_\_\_

*Please enroll the following student(s) in the Friday Fundraiser PIZZA Lunch for the 2021-2022 school year.*

1. Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Cheese:            1    2    3

Pepperoni:        1    2    3

1 Slice \$120        2 Slices \$215        3 Slices \$300   Total for Student 1: \_\_\_\_\_

2. Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Cheese:            1    2    3

Pepperoni:        1    2    3

1 Slice \$120        2 Slices \$215        3 Slices \$300   Total for Student 2: \_\_\_\_\_

3. Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Cheese:            1    2    3

Pepperoni:        1    2    3

1 Slice \$120        2 Slices \$215        3 Slices \$300   Total for Student 3: \_\_\_\_\_

Payment Options: Please Select One

1 Pay through FACTS September       2 Pay through FACTS September and January

***Allergy Awareness Notification:***

*Student Name:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

*Food Allergy:* \_\_\_\_\_

*Parent/Guardian Signature:* \_\_\_\_\_