

**Recess Order form**

Due by 9am Wednesday

Name: \_\_\_\_\_ Room # \_\_\_\_\_

<input type="checkbox"/> Fruit Salad
<input type="checkbox"/> Popcorn
<input type="checkbox"/> Hashbrown
<input type="checkbox"/> Banana Bread

Yoghurt Pouches
<input type="checkbox"/> Strawberry
<input type="checkbox"/> Banana
<input type="checkbox"/> Vanilla
<input type="checkbox"/> Tutti Frutti
<input type="checkbox"/> Lactose Free Mango

Drink: \_\_\_\_\_

Total amount: \_\_\_\_\_

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