

For Office Use Only

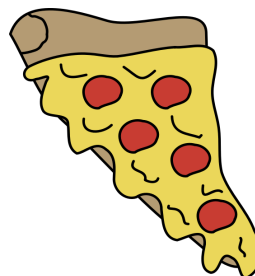
Paid \$ _____

Cash or Check _____

KAT PIZZA DAYS

2nd Monday of Each Month

11:00am-11:30am



Fill out the form below and bring to the Building Supervisor Table with payment.

Family Email: _____ **Phone:** _____

	Cheese	Pepperoni	Sausage	GF-Cheese	GF-Pepperoni	Drink - \$1.00		Total
Student Name	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	Water	Pop	
								\$
								\$
								\$
								\$
								\$
								\$
							Month Total	\$



Select one of the following choices

1) Semester Commitment (circle semester)

1st Semester 2nd Semester

Month Total \$ _____ x 4 = \$ _____

2) Yearly Commitment

Month Total \$ _____ x 8 = \$ _____

3) Month by Month (circle months)

Oct Nov Dec Jan
Feb Mar Apr May

Month Total \$ _____ x _____ = \$ _____

Questions? Email the KAT Pizza Coordinator:
Liz Morse- Psalm1family@gmail.com

Please make checks payable to "KAT"

Updated for 2025-2026