Office Use Only			
Oct	Nov	Dec	Jan
Feb	Mar	Apr	May

Paid	$
Cash	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"