

Fare to Remember KidzMealz



TEMPLE BETH AM
DAY SCHOOL

Passover Manual Order Form – Please fax Your Completed/Signed Order to 786-592-2294 or 305-513-5918 Orders must be placed no later than Thursday, April 5th, at 12 midnight in order to be Processed for next week's delivery. Questions about your order ? Email kidzmealz@gmail.com

Name of Parent: _____

Address: _____

City: _____ State _____ zip _____

Email Address: _____ Daytime Tel: _____

Full Name of Child #1: _____

Allergies: _____ Age _____ Grade _____

Full Name of Child # 2: _____

Allergies _____ Age _____ Grade _____

Full Name of Child # 3: _____

Allergies: _____ Age _____ Grade _____

Please place your lunch order(s) for the days listed below. The fax order system is valid only for meals delivered during the week of April 9th –13st, 2012.

Monday, April 9th

Ordering for Entrée (choose only 1)

- Child # 1 Matzo Pizza Chicken chop
 Matzo Chicken Fingers
 Chicken Ceaser Salad
- Child # 2 Matzo Pizza Chicken chop
 Matzo Chicken Fingers
 Chicken Ceaser Salad

Beverage (choose only 1)

- Water Apple Orange
 Grape Milk Choc Milk
- Water Apple Orange
 Grape Milk Choc Milk

Tuesday, April 10th

Ordering for Entrée (choose only 1)

- Child # 1 Matzo Pizza Chicken chop
 Matzo Chicken Fingers
 Chicken Ceaser Salad
- Child # 2 Matzo Pizza Chicken chop
 Matzo Chicken Fingers
 Chicken Ceaser Salad

Beverage (choose only 1)

- Water Apple Orange
 Grape Milk Choc Milk
- Water Apple Orange
 Grape Milk Choc Milk

Wednesday, April 11th

Ordering for Entrée (choose only 1)

- Child # 1 Matzo Pizza Chicken chop
- Matzo Chicken Fingers
- Chicken Ceaser Salad
- Child # 2 Matzo Pizza Chicken chop
- Matzo Chicken Fingers
- Chicken Ceaser Salad

Beverage (choose only 1)

- Water Apple Orange
- Grape Milk Choc Milk
- Water Apple Orange
- Grape Milk Choc Milk

Thursday, April 12th

Ordering for Entrée (choose only 1)

- Child # 1 Matzo Pizza Chicken chop
- Matzo Chicken Fingers
- Chicken Ceaser Salad
- Child # 2 Matzo Pizza Chicken chop
- Matzo Chicken Fingers
- Chicken Ceaser Salad

Beverage (choose only 1)

- Water Apple Orange
- Grape Milk Choc Milk
- Water Apple Orange
- Grape Milk Choc Milk

Friday, April 13th

No Lunch Early Dismissal

Each Meal is priced at \$ 7.00 and is subject to Florida State Sales Tax.

Total Number of Meals _____ X \$7.00 = _____

7% Sales Tax _____

TOTAL TO BE CHARGED _____

(Please print clearly)

Credit Card Information- VISA or MasterCard (please circle one)

Credit Card Number: _____ Exp. Date: _____

Name of Cardholder: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize Fare to Remember, Inc. /Kidz Mealz to process a charge for the above amount

Signature: _____ Date: _____

PLEASE FAX YOUR COMPLETED/SIGNED ORDER TO 786-592-2294 or 305-513-5918