

# Catholic Schools Week Grandparent Luncheon

## Friday, February 1, 2019

### ALL FAMILIES MUST RETURN A FORM

Please print all information.

**Return to the school office with payment by Tuesday, January 15th.**

**FAMILY NAME:** \_\_\_\_\_

OFFICE USE ONLY:  
 Total Paid: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Cash:

#	Special Guests' Name	Hot Lunch	Cold Lunch
1			
2			
3			
4			

#	Students' Name	Classroom/Teacher	Hot Lunch	Cold Lunch
1				
2				
3				
4				

	Hot Lunch	Cold Lunch
TOTAL # for each =		
COST PER LUNCH =	<b>X \$3.00</b>	<b>X \$0.00</b>
<b>TOTAL DUE =</b>		<b>\$0.00</b>

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**We are always in need of volunteers. If you can help us out please sign below.**

**PARENT VOLUNTEERS:**

**NAME** \_\_\_\_\_ **TIME** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_