si .00 each			k da Vi da	
Thur	March 10		March	[]m
Please	e Pre-Order	by Frid	ay March	4th
Student Name: _			Soft Pretzel Or	der Form
Teacher Name: _		Grade	e:	
Please check off during snack tim	f which day(s) you would ne:	d like your child t	to receive a soft pre	etzel
Thursda	ay Mar 10 <sup>th</sup>		Return to you	
Friday I	Mar 11 <sup>th</sup>		Sector Friday Mar.	
Total \$ enclosed	l (\$1.00 each day):	<	4th sall.	N
My shild requires	a duton from hard protzo	Loption		

My child requires a gluten free, hard pretzel option \_\_\_\_\_