

YOUR CHILD'S NAME:

YOUR CHILD'S GRADE OR TEACHER:

	PLAIN BAGEL	RAISIN BAGEL	EVERYTHING BAGEL	POPPY SEED BAGEL	SESAME SEED	BUTTER	CREAM CHEESE
February 10 <i>No School for EC</i>							
February 17							
March 2							
March 16							
March 23							
April 13							
April 20							
April 27							
May 4							
May 11							
May 18 <i>8th Grade on class trip May 25</i>							
June 1							

Number of Bagels: _____ x \$2.25 = _____

TOTAL

Make checks payable to **CWS** with **“Bagels”** in the memo line.

Please return all forms with payment to the Front Office by the Wednesday before you would like your first bagel delivery. All bagels will be delivered by the 8th graders in time for Friday lunch.

Thank you, The Eighth Grade