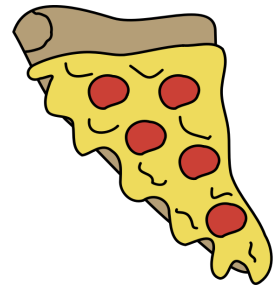


Office Use Only			
Oct	Nov	Dec	Jan
Feb	Mar	Apr	May
Paid \$			
Cash	Check # _____		

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	\$

Questions? Email the KAT Pizza Coordinator:
Liz Morse- Psalm1family@gmail.com

Please make checks payable to "KAT"



Form for 2024-2025 School Year

OR

pay for one semester or the entire year in advance

Semester Commitment:

(circle semester) 1st Semester 2nd Semester

Month Total \$ x 4 = \$

Yearly Commitment:

Month Total \$ x 8 = \$

Other Commitment:

(circle months)

Oct 14th Nov 11th Dec 9th Jan 13th
Feb 10th Mar 10th April 14th May 12th

Month Total \$ x ____ = \$