

St. Louis King of France Lunch Card order form

Please return this form with your payment
made payable to Fresh Fork Catering

Child's Name: _____ Plan _____ Price _____
Grade: _____ Room # _____

Child's Name: _____ Plan _____ Price _____
Grade: _____ Room# _____

Child's Name: _____ Plan _____ Price _____
Grade: _____ Room # _____

Child's Name: _____ Plan _____ Price _____
Grade: _____ Room # _____

Total: _____

Parent's Names: _____

Home Address: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Credit Card Payment Info: Name on Card _____

Card Number: _____ 3 Digit Code: _____

Billing Zip Code: _____ Expiration: _____

**This authorizes Fresh Fork to charge your Credit Card when your child/children
are at 3 lunches on their lunch card.**

All Credit Card purchases will be charged a 4% fee.

FOOD ALLERGIES or FOOD RESTRICTIONS:

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature _____ Date _____