

VIP Day Reservation Form

School Family Name _____

Please list name and address of each VIP attending below so that we may send a thank you! Return this form to school by April 29, with \$5.00 per adult attending to reserve lunch.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount _____

_____ *My child(ren) may go home with* _____

_____ *My child(ren) will remain at school until normal pick-up or bus*