

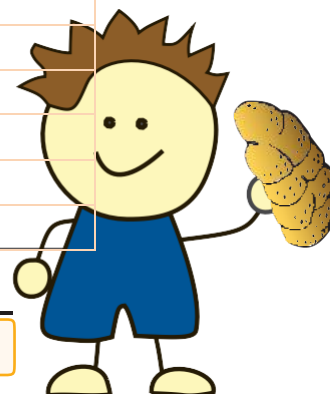
Challah Order Form

Child's Name: _____

Teacher's Name: _____

Please check the dates you'd like to receive challah:

| Dates: | Quantity | Dates: | Quantity |
|------------------------------|----------|--------------------------------|----------|
| Friday, August 19 (Full Day) | | Friday, October 28 | |
| Friday, August 26 (Full Day) | | Friday, November 4 | |
| Friday, September 9 | | Friday, November 11 | |
| Friday, September 16 | | Friday, November 18 | |
| Friday, September 23 (round) | | Friday, December 2 | |
| Friday, September 30 (round) | | Friday, December 9 | |
| Friday, October 7 | | Friday, December 16 | |
| Friday, October 14 | | Friday, December 23 (Full Day) | |
| Friday, October 21 | | Friday, December 30 (Full Day) | |



Quantity: _____ x \$5.00 = \$ _____

TOTAL Amount: \$

Please make checks payable to CJP-PTO

All order forms and money due 1 week prior to challah delivery date.

Challah will be delivered to your child's classroom on Friday mornings.

All challahs are from *Golden Grains Bakery, plain, and braided.

*while Golden Grains does not have a certified kosher kitchen there was no trayf used in its preparation.