



**COOKBOOK
ORDER FORM**

Last Name _____ First Name _____

Address _____

Home Phone () _____ Cell Phone () _____

E-mail _____

My child attends Saratoga School. Please send my cookbook(s) home with him/her.

Child's Name _____ Grade _____ Homeroom Teacher _____

SARATOGA PTO COOKBOOK

\$12.00 each

Delivery Mid-November

_____ **# of Cookbooks Ordered**

_____ **Total**

PAYMENT METHOD

Cash _____ Check # _____



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