

SUBWAY ORDER DETAILS – DATE: Friday January 12<sup>th</sup>,2018

STUDENT NAME	TEACHER:	HOMEROOM/GRADE:
Sandwich Type	<input type="checkbox"/> 6" Ham <input type="checkbox"/> 6" Turkey <input type="checkbox"/> 6" Veggie <input type="checkbox"/> 6"Roast Beef (Brown Bread Only)	
Toppings	<input type="checkbox"/> Lettuce <input type="checkbox"/> Cheese <input type="checkbox"/> Tomato <input type="checkbox"/> Pickles <input type="checkbox"/> Onions <input type="checkbox"/> Green Peppers <input type="checkbox"/> Cucumbers <input type="checkbox"/> Olives <input type="checkbox"/> Hot Peppers	
Condiments	<input type="checkbox"/> salt & pepper <input type="checkbox"/> Mayo <input type="checkbox"/> Mustard <input type="checkbox"/> Other _____	

SUBWAY ORDER DETAILS – DATE: Friday January 19<sup>th</sup>,2018

STUDENT NAME	TEACHER:	HOMEROOM/GRADE:
Sandwich Type	<input type="checkbox"/> 6" Ham <input type="checkbox"/> 6" Turkey <input type="checkbox"/> 6" Veggie <input type="checkbox"/> 6"Roast Beef (Brown Bread Only)	
Toppings	<input type="checkbox"/> Lettuce <input type="checkbox"/> Cheese <input type="checkbox"/> Tomato <input type="checkbox"/> Pickles <input type="checkbox"/> Onions <input type="checkbox"/> Green Peppers <input type="checkbox"/> Cucumbers <input type="checkbox"/> Olives <input type="checkbox"/> Hot Peppers	
Condiments	<input type="checkbox"/> salt & pepper <input type="checkbox"/> Mayo <input type="checkbox"/> Mustard <input type="checkbox"/> Other _____	

SUBWAY ORDER DETAILS – DATE: Friday January 26<sup>th</sup>,2018

STUDENT NAME	TEACHER:	HOMEROOM/GRADE:
Sandwich Type	<input type="checkbox"/> 6" Ham <input type="checkbox"/> 6" Turkey <input type="checkbox"/> 6" Veggie <input type="checkbox"/> 6"Roast Beef (Brown Bread Only)	
Toppings	<input type="checkbox"/> Lettuce <input type="checkbox"/> Cheese <input type="checkbox"/> Tomato <input type="checkbox"/> Pickles <input type="checkbox"/> Onions <input type="checkbox"/> Green Peppers <input type="checkbox"/> Cucumbers <input type="checkbox"/> Olives <input type="checkbox"/> Hot Peppers	
Condiments	<input type="checkbox"/> salt & pepper <input type="checkbox"/> Mayo <input type="checkbox"/> Mustard <input type="checkbox"/> Other _____	