

# *Blue Ridge High School*

## *Thanksgiving Luncheon*

*Please join your student on:*

*Thursday, November 16th, 2017*

*Student Name* \_\_\_\_\_

*Names Attending* \_\_\_\_\_

*Please circle relationship to student:*

*Parent/Guardian*

*Grandparents*

*Other*

*Guest Signature* \_\_\_\_\_

*Contact #* \_\_\_\_\_

*The cost of the meal will be \$3.80 per person.*

*Please **circle** the lunch you will be attending.*

*1<sup>st</sup> Lunch Shift: 11:50 – 12:20*

*2<sup>nd</sup> Lunch Shift: 12:25 – 12:55*

*3<sup>rd</sup> Lunch Shift: 1:00 – 1:30*

*This form must be returned to Mrs. Thornton  
by Friday, November 9th in order to attend.*

