

Student's Name: \_\_\_\_\_ CTMS Band Tamale Fundraiser TEACHER ORDER FORM

Class Period: \_\_\_\_\_

CTMS Teacher/Staff Name (Please Print)	Room # or Location	Classroom Extension Phone #	# Dozen Chicken	# Dozen Pork	Check Amount	Cash Amount
<b>TOTAL</b>						

Instrument \_\_\_\_\_

Student's Band Director: \_\_\_\_\_ Mr. Najera \_\_\_\_\_ Ms. Gartin