



**Candy Bars
CAN NOT be sold
to fellow students
in the building
DURING SCHOOL
or ON THE BUS.**

Please send this completed order form, **along with your check**, to your student's homeroom, attn: PTA. Make checks payable to **AHMS PTA.**

PLEASE MARK DESIRED QUANTITY OF EACH BOX:

____ Variety Carrier (INCLUDES VARIETIES WITH *)	____ Milk Chocolate Crispy (SINGLE FLAVOR BOX)
____ Milk Chocolate Caramel* (SINGLE FLAVOR BOX)	____ Sold Milk Chocolate* (SINGLE FLAVOR BOX)
____ Milk Chocolate Almond* (SINGLE FLAVOR BOX)	____ Dark Chocolate Coconut Twin* (SINGLE FLAVOR BOX)
____ Milk Chocolate Peanut Butter Meltaway* (SINGLE FLAVOR BOX)	

Additional Order Forms are available in the AHMS office and on our PTA website: **AHMSPTA.ch2v.com**

ALL SALES FINAL.

For more information, contact **AHMSPTA@hotmail.com.**



____ Student Name	____ Homeroom
____ Parent Name @ \$40/each box	____ Phone \$
____ Total Number of Boxes Ordered	____ Total Amount Enclosed

To Be Completed by PTA Only

____ DATE ORDER RECEIVED	____ PTA INITIALS	____ PAYMENT TYPE	____ CHECK #	____ DELIVERY DATE TO STUDENT	____ PTA INITIALS	____ # BOXES DLVD
---------------------------------	--------------------------	--------------------------	---------------------	--------------------------------------	--------------------------	--------------------------



**Candy Bars
CAN NOT be sold
to fellow students
in the building
DURING SCHOOL
or ON THE BUS.**

Please send this completed order form, **along with your check**, to your student's homeroom, attn: PTA. Make checks payable to **AHMS PTA.**

PLEASE MARK DESIRED QUANTITY OF EACH BOX:

____ Variety Carrier (INCLUDES VARIETIES WITH *)	____ Milk Chocolate Crispy (SINGLE FLAVOR BOX)
____ Milk Chocolate Caramel* (SINGLE FLAVOR BOX)	____ Sold Milk Chocolate* (SINGLE FLAVOR BOX)
____ Milk Chocolate Almond* (SINGLE FLAVOR BOX)	____ Dark Chocolate Coconut Twin* (SINGLE FLAVOR BOX)
____ Milk Chocolate Peanut Butter Meltaway* (SINGLE FLAVOR BOX)	

Additional Order Forms are available in the AHMS office and on our PTA website: **AHMSPTA.ch2v.com**

ALL SALES FINAL.

For more information, contact **AHMSPTA@hotmail.com.**



____ Student Name	____ Homeroom
____ Parent Name @ \$40/each box	____ Phone \$
____ Total Number of Boxes Ordered	____ Total Amount Enclosed

To Be Completed by PTA Only

____ DATE ORDER RECEIVED	____ PTA INITIALS	____ PAYMENT TYPE	____ CHECK #	____ DELIVERY DATE TO STUDENT	____ PTA INITIALS	____ # BOXES DLVD
---------------------------------	--------------------------	--------------------------	---------------------	--------------------------------------	--------------------------	--------------------------