



SSNL SCHOOL MILK PROGRAM DISTRIBUTION FORM

(Complete and fax to the SSNL Office 729-2705)

PN EVENT: _____ UNPLUGGED _____

DATE: _____

SCHOOL: _____

PN SCHOOL REPRESENTATIVE: _____

NUMBER OF ELEMENTARY PARTICIPANTS: _____

NUMBER OF YOUTH LEADERS _____

UNITS OF MILK REQUESTED MONTHLY: _____

NAME OF MILK SUPPLIER: _____

Principal

PN School Representative

MILK APPROVAL(Do not Complete)

**SSNL approves _____ 500ml units of milk per month for use at the
PN Unplugged Program at(school) _____.
The School Milk Foundation/Dairy Farmer Association will reimburse
your school for this amount.**

**Trisha Boyer
Program Director
Participation Nation**