

17. MILK FORM (GROUP 2)

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Milk Form



School Name: _____ School Mathematica ID: _____

Interviewer ID #: _____ Date: _____

INTERVIEWER: COMPLETE FORM AND ATTACH TO SCHOOL MENU.

Milk Type	% Fat	Container or Cap Color	Container Size
	%		fl. oz.
	%		fl. oz.
	%		fl. oz.
	%		fl. oz.
	%		fl. oz.
	%		fl. oz.

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