



Milk Cap Redemption Form

School Name: _____

School Address: _____

City: _____ Zip: _____

School Principal's Name _____

Person submitting Caps on behalf of school:

Title: _____

Phone: _____ Email: _____

Number of Caps being redeemed at this time: _____

I have verified that ALL Caps are from Longmont Dairy Bottles

Received by: _____

Date Received: _____

Approved by: _____

for Longmont Dairy

A check will be issued to the school named above and mailed to the Principal. The Principal will determine how to disburse the funds for the benefit of your school's students.

Thank you for participating in Milk Caps for MOOOLA