

# BOX TOPS



## Dress Down Pass

Attach 10 Box Tops to this sheet  
and turn it in to your teacher on the  
1<sup>st</sup> Monday or Tuesday of each month.

Name: \_\_\_\_\_ Room # \_\_\_\_\_

Attach 1 Here	2
3	4
5	6
7	8
9	10

Please place additional  
Box Tops in a Ziploc bag with your name,  
room # and number of Box Tops enclosed.

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