



Celebrations Request Form



Dear Teachers/Parents/Staff,

Do you want to celebrate with your students but don't have the time for all the planning and details? Return this request form to the Cafeteria Manager and leave the party to us! Upon receipt of the request form, we will provide you with a price quote for your party within 48 hours. On the celebration day, we take care of everything for you!

Please select the desired celebration treat(s) from the list below. Treats will be distributed to the class based on the teacher's time preference.

Item	Price Per Item	Flavor Choice(s)	Amount
Fresh Baked Cookies <i>*Cookies are produced in a nut free facility</i>	\$0.70	Celebration – dairy, soy, egg, wheat Chocolate Chip – dairy, soy, egg, wheat Double Chocolate Chip – dairy, soy, egg, wheat Snickerdoodle – dairy, soy, egg, wheat Sugar - dairy, egg, wheat	
Frosted Cookies <i>Wheat, soy, eggs, milk</i> <i>*Cookies are produced in a nut free facility</i>	\$1.25	Birthday Frosted Pink Frosted	
Rice Krispies Treat	\$1.25	Traditional – dairy, soy, soybean oil Chocolate Chip – dairy, soy, soybean oil Confetti – dairy, soy, soybean oil	
Mini Rice Krispies Treat <i>milk, soy, soybean oil</i>	\$0.25		
Fresh Baked Brownies <i>egg, soy, wheat</i>	\$1.50		
Brookie <i>eggs, milk, soy, soybean oil, wheat</i>	\$1.25		
Novelty Ice Cream	\$1.75	Contact the FNS Manager for available options and allergens	
8 oz. Bottled Water	\$0.75		
Switch Sparkling 100% Juice	\$2.00	Black Cherry, Strawberry Melon, Fruit Punch, Kiwi Berry, Orange Tangerine	
Blendology Juice Frost Slushies	\$1.25	Blue Raspberry, Mango Guava, Watermelon Fuego, Strawberry	
Chocolate Crème Filled Cupcakes <i>Eggs, milk, soy, wheat</i>	\$1.50		

Name of Student: _____ Teacher's Name/Class: _____

Date to be Delivered: _____ Total Due: _____

Method of payment (Circle one): Student's Lunch Account Check Cash

Parent/Guardian's Name: _____ Phone Number: _____

Cafeteria Manager: _____ Phone Number: _____ Email: _____

Submit the order form and payment to the Cafeteria Manager **three (3) weeks before day of event.**

This institution is an equal opportunity provider.

