



CLASSROOM CELEBRATION ORDER FORM

submit completed form and payment to School Cafe
at least 2 days* in advance of celebration
**contact School Cafe Manager to confirm product availability*

Child's Name:

Teacher's Name:

Date of Celebration:

Contact Person:

Phone #:

Frozen Treats for entire classroom: \$20.00

CIRCLE FROZEN TREAT FLAVOR PREFERENCE:

**SOUR CHERRY-LEMON SLUSHIE
STRAWBERRY-MANGO SLUSHIE
BLUE RASPBERRY-LEMON SLUSHIE
ASSORTMENT OF SLUSHIE
BIRTHDAY CAKE FROZEN YOGURT**

Classroom Celebrations can now be purchased using funds
from your child's GENERAL lunch account!

Select form of payment:

Cash

Check

Child's General Account

For Office Use Only:

Date of Deposit: _____ Treat Qty: _____ Celebration Time: _____

Manager, keep this order form for your records.