

Ice Cream Party Order - SY 23/24

Roswell North ES. Cafeteria

Teacher's Name: _____ Child's Name: _____ Ice Cream Quantity: _____ Party Date: _____

Celebrate your Child's birthday with an ice cream party for the whole class! Please submit this form to the teacher at least two weeks before the party date. Payments accepted at <https://www.mypaymentsplus.com/>

FCS STOCK NUMBER	ITEM DESCRIPTION	ITEM Image	SALES PRICE	PREFERENCE
5599	CONE, VANILLA IC, YEL/BLUE SWL		\$1.50	
5876	Ice Cream Sandwich, Vanilla		\$1.25	
5121N	FRUIT BAR, FRUIT PUNCH		\$1.25	
5120	COOKIE CONE		\$1.50	
5877	Juice Rush Cherry/Blue		\$1.00	

Please follow these instructions:

1. For the Ice Cream Quantity, enter the size of the whole class including the teacher.
2. **In the preference column, pick the three flavors in order of preference.**
3. We will try to fulfill your preferred flavor to the whole class.
4. Order must be paid before the party date in the general account of <https://www.mypaymentsplus.com/>
5. Please submit the form to the teacher 2 weeks before the party date.