



Birthday Celebration Order Form

Submit completed form and payment to MPE cafeteria
at least 2 days in advance of celebration.

Student's Name: _____

Homeroom Teacher's Name: _____

Date of celebration: _____

Contact person: _____

Phone #: _____

Select Treat Preference

Please note if an item is not available another product may be substituted

Blue Raspberry-Lemon Slushie (\$1.00/child)

-Or-

Birthday Cake Frozen Yogurt (\$1.00/child)

Birthday student will be charged according to the number of students present in the class that day.

Select From of payment:

Check

Child's General lunch account

For School use only:

Date of Deposit: _____ Quantity: _____ Celebration Time: _____