



CLASSROOM 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 (\$.75 per child)

-or-

Birthday Cake Frozen Yogurt (\$.75 per child)

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

Select Form of Payment: **Check** - or - **Child's General Lunch Account**

(For School Use Only)

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

Manager: Please retain this order form for your records