

BIRTHDAY PARTY ORDER FORM

Let us help you celebrate your child's birthday! Your Food Service Department has Cupcakes, Whole Grain Cookies or Low Fat Ice Cream Cups. Just contact your school's cafeteria to place your order or by completing this form along with payment the school cafeteria.

Child's Name: _____ Teacher: _____

Date Needed: ___/___/___ (Money **must** be received **three business days** ahead)

		<u>Request</u>	<u>Total \$</u>
Cupcakes (includes napkins) (Choose White OR Chocolate)	\$.75Each	_____	_____
Cookies (Choose One: Chocolate Chip OR Sugar)	\$.50Each	_____	_____
Low Fat Ice Cream Cup - CIRCLE ONE - Vanilla, Cotton Candy or Strawberry -	\$.75	_____	_____

TOTAL \$_____

PAYABLE TO: HANNIBAL CENTRAL SCHOOL CAFETERIA (cash or check accepted)

Thank you for the opportunity to serve you.