

BirthDay Basket Order Form

2024-25

Student Name (Print): _____

Homeroom: _____ Delivery Date: _____

Parent/Guardian: _____ Email: _____

Choices (Prepackaged)	Flavor (Circle Choice)	Number	Price	Total
Whole Grain Cookies	X		\$0.60	
Frozen Sundae Cup	X		\$0.60	
<u>Luigi Sherbet</u> Raspberry or Orange	Raspberry or Orange		\$0.60	
Baked Plain Chips	X		\$0.60	
CheezIts	X		\$0.50	
Goldfish Crackers	X		\$0.50	
Scooby Doo Fruit Snacks	X		\$0.50	
<u>4 oz. Juice Carton</u> Apple or Orange	Apple Orange		\$0.50	

Total Payment Due \$ _____

Please forward order form and payment to cafeteria 1 week prior to delivery date.
For questions call Mary Lee Martines at 570-785-2412