

Birthday Basket Order Form

23-24

Student Name (Print): _____

Homeroom: _____ Delivery Date: _____

Parent/Guardian: _____ Email: _____

Choices (Prepackaged)	Flavor	Number	Price	Total
Whole Grain Cookies	X		\$0.60	
Frozen Birthday Cake Yogurt Cup	X		\$0.60	
<u>Luigi Sherbet</u> Raspberry or Orange	Raspberry or Orange		\$0.60	
Baked Plain Chips	X		\$0.60	
CheezIts	X		\$0.40	
Goldfish Crackers	X		\$0.40	
Scooby Doo Fruit Snacks	X		\$0.40	
<u>4 oz. Juice Carton</u> Apple or Orange	Apple Orange		\$0.40	

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