

CLASSROOM CELEBRATION

ORDER FORM

Submit completed form and payment to your cafeteria manager at least
3 days in advance of celebration.

****Contact School Cafe Manager To Confirm Product Availability****

Child's Name: _____

Date of Celebration: ____ / ____ / ____

Teacher's Name: _____

Contact Person: _____

Child's Grade: _____

Phone #: _____

YOUR CHOICE OF



Cookie Tray
\$.35 per Cookie



Cupcake Tray
\$.75 per Cupcake

Please indicate your form of payment:

- Credit/Debit Card
- Student's Lunch Account

(only available if adequate funds are in the student's account)

For Office Use Only:

Qty: _____

Time: _____

Manager, Keep this order form for your records



Food Service and Nutrition

LEXINGTON COUNTY SCHOOL DISTRICT ONE

This institution is an equal opportunity provider.