

Classroom Celebration Snack Request Form

Please select the item(s) you wish to purchase and provide for your child's classroom celebration. Return the form **with payment** to your child's classroom teacher **two weeks prior** to date of celebration. Please note; **NO EXCEPTIONS WILL BE MADE.**

<u>DESCRIPTION</u>	<u>PRICE (qty 24)</u>
<input type="checkbox"/> Sour Swell Cherry (Gluten Free)	\$10.00
<input type="checkbox"/> Rich's [Low Fat] Cookie Crunch Ice Cream Cone (Nut Free)	\$14.00
<input type="checkbox"/> Rich's [Low Fat] Ice Cream Sandwich (Nut Free)	\$14.00
<input type="checkbox"/> Linden's Chocolate Chippers Cookies	\$10.00
<input type="checkbox"/> Baked Lays (Gluten Free)	\$12.10

Please submit check made out to **Region 14 Schools** along with the Classroom Celebration Snack Request Form.

School: _____

Total Payment Amount: _____

Teacher name/Room #: _____

Time of Celebration: _____

Date of Celebration: _____

Telephone: _____

Parent Name: _____

Nutritional information and ingredient lists available by contacting
the Food Service Director at 203-263-3190