

## 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"/> Blue Raspberry (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