



SMART CELEBRATIONS ORDER FORM

submit completed form and payment to School Cafe
at least 2 days* in advance of celebration
**contact School Cafe Manager to confirm product
availability 10 days prior to celebration.*

Child's Name:
Teacher's Name:
Date of Celebration:
Contact Person:
Phone #:
Total number of treats requested:

FROZEN TREATS \$1.00 EACH

COMPLETE FLAVOR REQUEST BELOW:

SOUR CHERRY-LEMON SIDEKICK _____

STRAWBERRY-MANGO SIDEKICK _____

BLUE RASPBERRY-LEMON SIDEKICK _____

ASSORTMENT OF COOL TROPICS SLUSHIES _____

BIRTHDAY CAKE FROZEN YOGURT - CONTAINS DAIRY _____

AVAILABILITY OF ITEMS IS SUBJECT TO CHANGE DUE TO SUPPLY CHAIN DISRUPTIONS.

Classroom Celebrations can now be purchased using
funds from your child's GENERAL lunch account!

Select form of payment:

Cash Check Child's General Account

Do any students in this class have a food allergy? Yes: _____ No: _____
If yes, *clearly* list the student(s) name and allergen(s):

**Manager MUST notify menus team if a student has a food allergy.*

For Manager Use Only:

Date of Deposit: _____ Treat Qty: _____ Celebration Time: _____

Manager, keep this order form for your records.