



Submit the completed form and payment to Woodland Cafeteria at least **2 days prior** to celebration

Child's Name:

Teacher's Name:

Date of Celebration:

Contact Person:

Phone #:

Total number of treats requested:

Do any students in this class have a food allergy? Yes ___ No ___

Frozen Treats \$1.00 each

Complete Flavor Request Below:

Strawberry-Mango Sidekick _____

Blue Raspberry-Lemon Sidekick _____

Availability of items is subject to change due to supply chain disruptions.

Select form of payment: Cash Check Child's General Acct.

For Manager Use Only:

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

Manager, keep this order form for your records.

This institution is an equal opportunity provider.