



Birthday Celebration Order Form

Submit the completed form and payment of \$15 one **week** in advance of the celebration.

Submit payments to Mypaymentsplus.com

Student Name: _____

Homeroom Teacher: _____ Grade _____

Date of Celebration: _____

Contact Person: _____

Phone: _____

Select Treat Preference

- ❖ _____ Option 1 Icee Freeze push-up
- ❖ _____ Option 2 Vanilla Ice Cream Cup

Please note if an item is not available another product may be substituted.

Note: Please do not bring any additional party supplies (balloons, goodie bags etc.)

For School use only

Date of Deposit _____ Date of Celebration _____

Student Name _____ Teacher _____ Grade _____

Celebration Time _____