

CLASSROOM CELEBRATION ORDER FORM

Submit completed form and payment to School Café at least **2 days** in advance of celebration
**contact School Cafe Manager (Schram@fultonschools.org) to confirm product availability.*

Child's Legal Name: _____ Nick Name: _____
Teacher's Name: _____ Grade: _____
Date of Celebration: _____
Contact Person: _____
Phone No.: _____

Circle Order Preference: PER Child

- Blue Raspberry-Lemon Slushie **\$1.00**
- Sour Cherry-Lemon Slushie **\$1.00**
- Strawberry-Mango Slushie **\$1.00**
- Frozen Yogurt Cups **\$1 (Chocolate or Strawberry)**
- Pre-Packed Cookies **\$0.75 per Child**

- Deluxe Classroom Treat **\$1.75 per Child**
Includes Chocolate Chip Cookies & Frozen Treat

**Birthday student will be charged according to
the number of students present in class that day.**

Select form of payment:

- Cash Check # Child's General Account

(Cashier Section)

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

Manager, keep this order form for your records. Table: _____