

Ice Cream Party Order Shakerag ES Cafeteria

Teacher's Name: _____ Ice Cream Quantity: _____

Child's Name: _____ Party Date: _____

Celebrate your child's birthday with an ice cream party for the whole class! Please submit this form at least two weeks before the party date. Payments accepted at www.MySchoolBucks.com.

Please follow these instructions:

1. For the Ice Cream Quantity, enter the size of the whole class including the teacher.
2. In the preference column, pick the three flavors in order of preference. We will try to fulfill your preferred flavor to the whole class.
3. Order must be paid before the party date in the general account of [MySchoolBucks](http://www.MySchoolBucks.com).
4. Please submit the form to the teacher 2 weeks before the party date.

Description	Item	Price	Preference
Polar Blast Fruit Punch Bar		\$1.50	
No Fat Cotton Candy Yogurt Twister Cup		\$1.50	
Ice Cream Sandwich, Vanilla		\$1.50	
Watermelon Silly Tube		\$1.50	
Incredible Cone Vanilla and chocolate ice cream topped with sprinkles in a chocolate lined sugar cone		\$1.50	