(Please order at least 2 days prior to day of celebration)


Parent's Name: $\qquad$
Child's Name: $\qquad$

Teacher's Name: $\qquad$

Date of Birthday Celebration in Classroom: $\qquad$

Phone \#: $\qquad$

| Homemade Cookies | .50 each |
| :--- | ---: |
| Ice Cream Novelties | 1.00 each |
| Cupcakes | .75 each |
| Chocolate Chip Birthday |  |
| (Cookie Cake Feeds 16) | $\$ 12.00$ each |

Item Requested: $\qquad$

Quantity Needed: $\qquad$

Total Cost: $\qquad$


PLEASE MAKE CHECKS PAYABLE TO: YORK SCHOOL LUNCH PROGRAM Phone 243-1730 X2152
E-MAIL: bschirmer@yorkcsd.org


