Birthday Order Form

School Year 2021 - 2022

" WE NEED ONE WEEK NOTICE BEFORE DELIVERY DATE"
Please fill the information below and return this form to the classroom teacher

TODAY'S DATE: _____ GRADE: _____

STUDENT'S NAME	Churros $1.00 Each	Vanilla Cupcake $ 1.90 Each			Chocolate Cupcake $ 1.90 Each			Gluten Free UDIS Muffins $2.00 Each		Cookies $ 0.90 Each			Ice Cream Gluten Free $1.45	$1.35	$1.35	Please bill to my RCDS account		To be completed by Flik's Office
		QTY	Icing VANILLA	Icing CHOCOLATE	QTY	Icing VANILLA	Icing CHOCOLATE	CHOCOLATE	BLUEBERRY	SUGAR	OATMEAL	CHOCOLATE CHIP	ITALIAN ICE	DIXIE CUP	SANDWICH	PARENT NAME	PARENT SIGNATURE	TOTAL COSTS

Grand Total / Amount Due:

DELIVER INFORMATION --- To be completed and signed by Classroom Teacher or Dean

DATE: _____/_____/_____ **ROOM:** _____ **TIME:**_____ **SIGNATURE:** _____