Please complete this form if you wish to order a classroom party tray. This form must be returned to the Elementary Cafeteria ONE WEEK prior to the date needed. The total cost of the tray can be deducted from your meal account with the school or paid with cash/check. This healthy alternative is available for parents and staff to order as a birthday treat, classroom reward, etc.

Students Name ____________________________________________

Phone # if contact is needed ________________ Teacher/Grade ________________

Date Needed ________________ Will pick up from the cafeteria at _____am/pm

*One week advance notice appreciated by cafeteria*

**TRAY ORDER**

____# servings Luigi’s Sherbet Cup @ $0.65 each = $________

____# servings Yogurt @ $0.55 each = $________

____# servings Juice Bar @ $0.65 each = $________

____# servings String Cheese @ $0.35 each = $________

____# servings Side Kicks Frozen Juice @ $0.65 each = $________

TOTAL COST= $________

PAYMENT METHOD: [] Cash/Check enclosed [] Deduct from meal account