

Classroom Celebration Order Form *All items are peanut free*

Please give a 1 to 2 week's notice for all orders.

Beverages — \$.35

Apple, Fruit Punch, Grape or Orange Juice (4oz. Cup)

Sweet Treats — \$.55

Cinnamon Teddy Grahams

Fresh Baked Cookie

* Chocolate Chip or Candy Chip

Rice Krispy Treat

Frozen Treats — \$.55

Vanilla, Chocolate or Cotton Candy Ice Cream Cup

Vanilla or Chocolate Ice Cream Sandwich

Lemon or Cherry Italian Ice (lactose free option)

Dairy Delights — \$.60

Mozzarella Cheese Stick

Trix Yogurt Cup (4 oz)

Salty Snacks — \$.55

Baked Cheetos

Baked Lays Potato Crisps

Reduced Fat Nacho Doritos

Cheddar Goldfish

Garden Selections — \$.50

Carrot Sticks

Sliced Apples

Whole Apples or Oranges

Please submit the bottom portion of this form along with payment to the Food Service Office.

Submit by Mail: Clarence Central School District— Food Service Office, 9625 Main Street, Clarence, NY 14031

Submit by E-Mail: HealthySnacks@ClarenceSchools.org

Submit by Fax: 716-407-9097

Payment by check payable to Sodexo or the order may be charged to your student's meal account.

If you have any questions please call the Food Service Office at 716-407-9095 or 716-407-9096

Many options are gluten free, call the office to discuss your needs.

Pricing based on bulk quantity. Napkins & utensils provided with your order.

School: _____ Event Date: _____ Classroom: _____

Student's Name: _____ Teacher's Name: _____

Item Ordered: _____ Quantity _____

_____ Quantity _____

Payment Due: \$ _____

Enclosed Check _____

Charge Student Account _____