

Students Name _____

CLASSROOM PARTY TRAY ORDER FORM



CANNON FALLS AREA SCHOOLS

1020 E MINNESOTA STREET CANNON FALLS, MN 55009 (507) 263-6800 Opt 4

2020-2021

Please complete this form if you wish to order a classroom party tray. This form must be returned to the **Elementary Cafeteria** <u>ONE WEEK</u> 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.

Phone # if contact is needed	Teacher/Grade	
Date Needed	Will pick up from the cafeteria atam/pm	
One week advance no	otice appreciated	d by cafeteria
<u>T</u>	RAY ORDER	
# servings Luigi's Sherbet Cup @ &0).65 each =\$_	
# servings Yogurt @ \$0.55 each		=\$
#servings String Cheese @\$0.35 each		=\$
#servings Side Kicks Frozen Juice @	9 \$0.65 each	=\$
	TOTAL COST=	\$
PAYMENT METHOD: Cash/Chec	ck enclosed Deduct f	rom meal account