

FULLERTON SCHOOL DISTRICT
NUTRITION SERVICES



PIZZA PARTY

Order Form

1. Please complete this Form and Email it to: Nutrition_Center@Fullertonsd.org
2 WEEKS ADVANCE NOTIFICATION REQUIRED

2. Pizza Party Information:

A. Meal includes one slice of pizza, fruit and/or salad, and milk.

B. The meal must be served prior to the end of the lunch period.

3. Please fax a class roster of students participating to 714-447-7425

2 Weeks in ADVANCE of Pizza Party.

4. Pick up at the school cafeteria on the day of the event.

Today's Date: _____

Party Date: _____

School: _____

Teacher: _____

Full Name _____

Serving Time: _____

Grade: _____ RM: _____

Quantity of Student Meals: Pepperoni: _____ Cheese: _____

<--Extra Whole Student Pizzas at \$9.00 ea:
10 Slices Per Pizza

Quantity of Adult Meals: Pepperoni: _____ Cheese: _____

<--Extra Whole Adult Pizzas at \$15.00 ea:
10 Slices Per Pizza

Quantity of Adult Meals @ \$3.75 each: _____

Pepperoni: _____

Quantity of Adult Meals without Milk @ \$3.50 each: _____

Cheese: _____

Adult Meals include one slice of pizza, fruit and/or vegetable.

FSD Email address : _____

5. Payment Information

Please select **ONE** of the following methods of payment:

1. Teacher /Organization Fund Payment: _____ Budget Number: _____

2. Teacher/Organization Cash/Check Payment: _____ Check # : _____

3. Use Students' Meal Accounts for entire payment: (Circle one) Yes No

Signature (Required): _____

Print Name: _____

For Nutrition Center Use Only

Roster Included: Yes No School: _____

Adults: _____ @ \$3.75 Date: _____

Adults w/out Milk: _____ @ \$3.50 Eligibility: _____

Extra Student Pizzas: _____ @ \$9.00 N: _____

Extra Adult Pizzas: _____ @\$10.00 S: _____

Student Slices: _____ @ \$0.90 A: _____

Adult Slices: _____ @ \$1.50

Total Amount Due: \$ _____ Confirmation Date/By: _____

Cash or Check Received: Yes No Entered/Verified By: _____