

**GREAT VALLEY SCHOOL DISTRICT
FOOD SERVICE DEPARTMENT
SPECIAL ORDER FORM
47 CHURCH ROAD
MALVERN, PA 19355**

DATE NEEDED: _____

CONTACT PERSON: _____ PHONE: _____

BILLING ADDRESS: _____

LOCATION: _____ TIME: _____

OF PEOPLE ATTENDING: _____ ASN # _____ (If applicable)

APPETIZERS: _____

DINNER ITEMS: _____

DESSERTS: _____

PAPER PRODUCTS: _____

SPECIAL INSTRUCTIONS: _____

PRICE PER PERSON: \$ _____

X _____

TOTAL DUE: _____

*****WHEN PLACING ORDER, PLEASE LET US KNOW IF ANYONE IN YOUR PARTY HAS ANY FOOD ALLERGIES*****

Please Make Check Payable to: Great Valley School District Food Service at the above address.