



CLASSROOM PARTY ORDER FORM

CELEBRATE WITH A PIZZA PARTY LUNCHEON!

All Pizza Parties are of no additional charge to the student.

Please fill out the form and submit with a list of the students participating. Nutrition Education will determine the number of free and paid meals based on the students' eligibilities and calculate the total cost to cover the student meals. Meals include a single slice of pizza, fruit and vegetable servings, milk and choice of dessert. Trays & napkins included.

Please submit at least **two weeks** prior to event.

Email: sbates@musd.net

Fax: 209.858.7547

Phone: 209.858.0778



Date of Party _____ Time of Party _____

Party time must coincide with school lunch time, or after school meal (where offered)



Number of Students _____ Number of Adults _____

Sibling meals available at additional charge with principal approval.

Total Number of Slices Requested: Cheese _____ Pepperoni _____

Dessert Choice (choose one): **Cookie** or **Frozen Treat**

School: _____ Room Number/ Location _____

Teacher or Contact Person: _____ Phone/Ext. _____

Food may be picked up at your site cafeteria 15 min. prior to your party. Please bring payment and a list or roster of participating **students** and **adults** when picking up. Please return cart and bowls to the café by 1:30.

Total Cost \$ _____ (method of payment) Check _____ Cash _____

To pay by credit or debit please call 858-0778 at least 24 hours before the party.

MUSD Budget Account Code _____

Payment or account code due at pick up THANK YOU.