



VICTOR CENTRAL SCHOOL
CLASSROOM CELEBRATION ORDER



Child's Name/Grade _____

Parent's Name _____ Phone _____

Teacher's Name _____

Date of Birthday Celebration _____



Fresh Baked Cookies
(Made w/whole wheat flour, lower fat & sugar) \$.80

_____ M & M _____ Choc. Chip _____ Double Chocolate

Low Fat Dixie Cup _____ Vanilla _____ Choc. Sundae Cup \$.80

100% Fruit Juice Slushie Cup _____ \$.80



Blue Raspberry/Cherry Swirl 100% Fruit Juice \$.80
Frozen "Happy Birthday" Cup _____

For simplicity in the classroom, please order one item/flavor

Quantity Needed _____

TOTAL COST _____

Make check payable to: *Victor Cafeteria Fund*; or let us know and we can use funds from your child's meal account.

2 Day Notice Required (585) 924-3252 ext. 6471