



CLASSROOM PARTY TRAY ORDER FORM



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

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

Students Name _____

Phone # if contact is needed _____ Teacher/Grade _____

Date Needed _____ Will pick up from the cafeteria at _____ am/pm

One week advance notice appreciated by cafeteria

TRAY ORDER

___ # servings Luigi's Sherbet Cup @ &0.65 each = \$ _____

___ # servings Yogurt @ \$0.55 each = \$ _____

___ #servings Juice Bar @ \$0.65 each = \$ _____

___ #servings String Cheese @\$0.35 each = \$ _____

___ #servings Side Kicks Frozen Juice @ \$0.65 each = \$ _____

TOTAL COST= \$ _____

PAYMENT METHOD: Cash/Check enclosed Deduct from meal account