

## CLASSROOM PARTY ORDER FORM

Please return form 2 weeks prior to party date to ensure items are ordered.



**Giant Decorated Cookie** (12" cookie serves 12).....\$8.00 each x \_\_\_\_ =  
\$\_\_\_\_\_

*Soft and chewy fresh-baked cookie, colorfully decorated and customized with message of your choice*

Customized message (please print)

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**Cake Pops** (1 per student, individually wrapped).....\$1.00 each x \_\_\_\_\_ =  
\$\_\_\_\_\_

*Sweet and delicious cake balls on a stick, dipped in vanilla icing and topped with festive sprinkles*

### **Individual Snacks** (1 bag per student)

|                                |             |         |            |
|--------------------------------|-------------|---------|------------|
| Mini Pretzels Twists.....      | \$ .50 each | X _____ | = \$ _____ |
| Cheddar Goldfish Crackers..... | \$ .50 each | X _____ | = \$ _____ |
| Kids Munchie Mix.....          | \$ .50 each | X _____ | = \$ _____ |
| Bag of Fresh Apple Slices..... | \$ .50 each | X _____ | = \$ _____ |
| Fresh Orange.....              | \$ .50 each | X _____ | = \$ _____ |
| Sherbet Cup with Spoons.....   | \$ .50 each | X _____ | = \$ _____ |

### **Beverages**

|   |             |         |            |
|---|-------------|---------|------------|
| 8 oz. Bottled Water.....                          | \$ .50 each | X _____ | = \$ _____ |
| 4 oz. Apple Juice.....                            | \$ .50 each | X _____ | = \$ _____ |
| 4 oz. Orange Juice.....                           | \$ .50 each | X _____ | = \$ _____ |
| Half Pint Flavored Fat Free Milk with Straws..... | \$ .50 each | X _____ | = \$ _____ |

**Sandbox Snacking** (serves 12).....\$12.00 each x \_\_\_\_\_ = \$\_\_\_\_\_

Add \$1.00 per person for parties greater than 12:

Additional students .....\$1.00 each x \_\_\_\_\_ = \$\_\_\_\_\_

Veggies choices served with dip

**Circle 5:** Apple slices, Orange Wedges, Baby Carrots, Celery, Broccoli, Pretzels,  
Popcorn, Kids Munchie Mix, Cheddar Goldfish Crackers

**Grand Total Enclosed \$** \_\_\_\_\_

Delivery Date \_\_\_\_\_ Delivery Time \_\_\_\_\_

Building \_\_\_\_\_

Teacher \_\_\_\_\_ Room \_\_\_\_\_

Your Contact Information if we have questions:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Make Checks payable to: Williamsburg Community School District.**

**Return order form and check to:**

**Heather Holencik**

**Food Service Director**

**607 Sage Hill Drive**

**Williamsburg, PA 16693**